

**STOP PAYMENT REQUEST**

Credit Union <u>Cities Credit Union</u>		Accepted By _____	
Request Received <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> _____		Date Accepted _____ Time _____ M.	
Draft Number	Draft Dated	Draft Payable To	Draft Amount
Reason for Stop Payment (optional)	Other Info. Drawer	Replacement Draft Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Date
Account Name _____		Account Number	Fee
<p>This Credit Union and the undersigned hereby agree to abide by the rules and regulations (as outlined in the Uniform Commercial Code) governing Stop Payment Orders. Oral Stop Payment Orders (including by phone) are binding for 14 DAYS ONLY, unless the Account Owner confirms the order with his signature (on the proper form) within the 14 day period. Properly signed Stop Payment Orders are effective for 6 months after date accepted and will automatically expire after that period unless renewed in writing.</p>			
<p>_____ SIGNATURE OF ACCOUNT OWNER</p>			

Bankers Systems, Inc., St. Cloud, MN Form 169-CU 11/2/96

**Form must be signed and returned to the credit union:**  
**- Fax: 651-426-0832**  
**- Email: [info@citiescu.org](mailto:info@citiescu.org)**  
**- Mail: 3625 Talmage Circle, Ste. 102, Vadnais Heights, MN 55110**