



## STOP PAYMENT REQUEST

I request that Wheatland Federal Credit Union place a stop payment on the draft(s) identified below. I acknowledge that the stop payment will be in effect for six (6) months from the date of the request. The credit union will not be responsible for drafts presented for payment after this six (6) month period. If I require a longer period of time, it will be my responsibility to contact the credit union and issue a new request for six (6) months. \*Please sign below and return this form to us. Thank you.

Draft Number(s) \_\_\_\_\_

Account Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_