

Western Division Federal Credit Union  
6750 Main Street • Williamsville, NY 14221  
Ph: (716) 632-9328 • Fax: (716) 632-1383  
www.westerndivision.org

**Instructions:**

- Download form to your desktop or documents.
- Complete and Save your information.
- Send to us by:

Email: [memberservice@westerndivision.org](mailto:memberservice@westerndivision.org) (or)

Text: (716) 632-9328 (or) Fax: (716) 632-1383 (or)

Mail/Drop off to a branch location

## STOP PAYMENT REQUEST

I request Western Division Federal Credit Union to process this request on the check(s) listed below. This Stop Payment Request cannot be used to stop or dispute an electronic transaction.

I/We understand it may take up to two (2) business days to complete the request. Furthermore, I/We understand that a fee of **\$30.00** will apply, per stop payment request, and will be debited from my/our account at time of process. I/We understand that the Stop Payment Fee must be available at time of request to be honored.

**Reason:** ☐ Lost/Stolen ☐ Other:

**Stop on specific check(s):**

Check #: Amount \$: Dated: Payable to:

Check #: Amount \$: Dated: Payable to:

Check #: Amount \$: Dated: Payable to:

**Stop on a series of check(s):**

Check # range to and including Check #:

### Western Division Member Information

Member /Account #:

Member Name:

I agree that Western Division FCU will not be responsible for stopping payment unless my stop order is received by the Credit Union within a reasonable time to act on my order prior to final payment or similar action. Member understands that this stop payment request is conditional and subject to the credit union's verification that the item has not been paid or that some other action to pay the item has not been taken. A written stop payment order will be effective for six (6) months.

Member will agree to indemnify and hold Western Division FCU harmless from all costs, including attorney fees (to the extent permitted by law), damage or claims related to the Credit Union's action in refusing payment of the item, including if by reason of such payment other items drawn by the undersigned are returned because of insufficient funds, claims or any joint owner, payee, or endorsee, or in favoring to stop payment of an item as a result of incorrect information provided by the member. If the above referenced item is currently within the processing system of Western Division FCU, this request becomes void.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Verification:** Emp#:

Date Received: