



CHECK STOP PAYMENT AUTHORIZATION

\$30.00 FEE

Account Number: _____ Member Name: _____

Date of Draft: _____ Draft Number: _____

Amount of Draft: _____ Payable To: _____

Reason for Stop Payment: _____

**IF THIS IS A VERBAL REQUEST PER THE TELEPHONE,
PLEASE READ THIS INFORMATION TO THE MEMBER.**

This stop payment request is void after fourteen days, if the draft is not presented for payment within that time period. To remain valid after such time, we will need your written signature on this Stop Payment Authorization, or a stop payment order in writing.

Please stop payment on the draft described above, unless you have already paid, certified or accepted it. The Credit Union will not be liable for payment of the draft contrary to the request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union's liability shall not in any event exceed the amount of the draft. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

Date of Request: _____ Member's Signature: X _____

| | |
|----------------------------------|-------------------|
| For Credit Union Use Only | |
| Teller Initials: _____ | KCU System: _____ |

KENT BRANCH
6020 Rhodes Road
Kent, OH 44240
Phone: 330.678.2274
Fax: 330.678.6252

RAVENNA BRANCH
271 So. Chestnut Street
Ravenna, OH 44266
Phone: 330.298.0400
Fax: 330.298.0404

STREETSBORO BRANCH
1190 State Route 303
Streetsboro, OH 44241
Phone: 330.626.3200
Fax: 330.626.3259

ROUTING NO. 241279234
TOLL FREE: 888.221.7556
WEB: www.kentcu.com

