



550 Salem Street • Chico, California 95928  
(530) 895-1947 tel. • (530) 895-3411 fax  
[www.starcreditunion.com](http://www.starcreditunion.com)

**Please use this form to place a stop payment on an outstanding share draft.**

To speed the processing of your request, please follow these steps:

1. Complete the Stop Payment Request. Incomplete or unsigned forms will delay processing of your request.
2. Fax your completed form to (530) 895-3411 or

Mail to: **STAR Community Credit Union**  
**550 Salem St.**  
**Chico, Ca. 95928**

**STOP PAYMENT REQUEST**



Stop Payment Date:

Name on Account:

Account Number:

Dollar Amount:

Check Number(s):

Payee:

Stop Payment Reason:

**VERBAL REQUEST**

NOTE: This request lapses after 14 day if not confirmed in writing.

By signing below stop payment orders may be made for this draft. In order to be binding, all stop orders must be dated, signed, contain the account number, and exact dollar amount of the transaction. The order will become effective once STAR Community Credit Union (STAR CCU) has reasonable and sufficient time to act upon the request.

You may initiate an oral Stop Payment order; however, it will require a signature to remain in effect beyond the 14<sup>th</sup> calendar day of initiation. A written and signed Stop Payment order will remain in effect for six months and must be renewed in writing, by the member to stay in effect for additional periods of time. STAR CCU is not required to notify the members when a Stop Payment order expires (oral or written).

Exact information is vital to insure the order is properly executed. By signing below, you understand that if this order contains incorrect or incomplete information, STAR CCU will not be responsible for failing to stop payment on a specific draft, and you agree to hold STAR CCU harmless for said amount and for all expenses and costs incurred by refusing payment of such draft. I have verified the information listed above is accurate and I accept the rules pertaining to this agreement.

A \$10.00 fee, as disclosed in your Schedule of Fees and Service Charges, may be assessed to my STAR account for processing this Stop Payment Request.

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

**Internal Use**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Fee (Y,N,NA)