

STOP PAYMENT FORM

Last Name
First Name MI

Street Address
City
State Zip

Account #

Payable to

Amount

The Wright Credit Union
P.O. Box 238
Toccoa GA, 30577
Fax: (706) 886-0154

Work
Home
E-mail

Check Number to Stop

Date Written

Disclosure: A verbal stop payment is good for fourteen days. **You need to sign and return this form to create a stop payment that is valid for 180 days.** The Wright Credit Union will not be responsible for checks that have already been processed or presented. A fee of \$20 will be charged to your checking account for processing the stop payment request.

Signature

Date

I further understand that due to the "No Stale Date" law of Georgia these funds can be withdrawn from my account after the 6 month stop payment has expired. I also understand it is my responsibility to update any and all stop payments not the responsibility of my Credit Union.

Signature

Date

You Must Print, Sign, and Return to Credit Union
(by mail, fax or in person)
A signature is needed to complete the process