# STOP PAYMENT ORDER

Member Name: _____

Member Account Number: _____

Area Share Draft Number: _____

Draft-Check Number: _____

Amount of Draft: _____

Date of Draft _____

Payable To: _____

Please **STOP PAYMENT** on the Draft described above, unless it has already been paid. I understand that this request will cease to be effective six months from the date shown below, unless it is renewed in writing by me. Illiana Financial Credit Union will no be liable for payment of the draft contrary to this request, unless payment is caused by Illiana Financial Credit Union's negligence in placing the **STOP PAYMENT** order, which causes actual loss to me. Illiana Financial Credit Union's liability shall not in any event, exceed the amount of the draft. I agree to reimburse Illiana Financial Credit Union for any loss it sustains in honoring this request.

**STOP PAYMENT** orders may be subject up to a 24 hour posting delay from initial member request.

I understand my account has been assessed a $30.00 **STOP PAYMENT** fee.

Date of Request: _____

Time of Request: _____

Members Signature: _____

Signature of Credit Union Employee recording oral request _____

Confirmation Code: _____

**CALUMET CITY** 1600 Huntington Drive, Calumet City, IL 60409, Fax (708) 891-8745
**BOURBONNAIS** 1130 Armour Rd, Bourbonnais, IL 60914, Fax (815) 932-6609
**CHICAGO HEIGHTS** 1030 Chicago Road, Chicago Heights, IL 60411, Fax (708) 755-6897
**NAPERVILLE** 1163 East Ogden Ave, Ste 711, Naperville, IL 60563, Fax (630) 355-1545