

Request a Stop Payment

Name: _____
 Member Joint Member

Account Type: _____ Daytime Phone Number: _____

Request made: By Phone
 In Person
 By Personal Access Home Banking/Telexpress*

Date of Request: _____ Time: _____ a.m. p.m.

Check Number(s): _____ through _____

Check Amount: \$ _____

Date of Check(s): _____

Payable to: _____

Reason for this stop payment:
 Stolen/Lost Checkbook
 Other (specify): _____

*** If your checks and/or wallet have been stolen or lost, call us at (763) 544-1517 or (800) 862-1998 immediately.**

Important- Please read:

It is understood that the liability of this credit union is limited to the exercise of its accustomed diligence to prevent the payment of the above-described check(s). The undersigned agrees not to hold this credit union liable in case the check number or account number provided above is not correct. If this stop payment request was initiated verbally, it may become invalid unless this signed form is received by the credit union within 14 days from the date of the request. This stop payment request will automatically expire in six months unless renewed in writing. The credit union will not notify you of the expiration of this stop payment.

I verify the above information is true and correct.

Your checking account has been charged \$ _____ for this Stop Payment Request.

X _____
 Signature Date

Please return to: TruStone Financial
 P.O. Box 1260
 Minneapolis, MN 55440-1260

For TruStone Use Only:
 Processed by Op Name: _____ Date: _____ Mailed Rec'd by Op name: _____ Date: _____

Reverse a Stop Payment

This section only to be filled in if the above stop payment needs to be removed.

Reason for this stop payment removal:

I verify the above information is true and correct.

X _____
 Signature Date

For TruStone Use Only:
 Processed by Op Name: _____ Date: _____ Mailed Rec'd by Op name: _____ Date: _____