



# Personal Check Stop Payment Request

1020 W. Olive Avenue • Burbank, CA 91506  
T: 818.238.2950 • F: 818.238.2979  
mediacitycu.org

> **Place the Stop Payment in Online Banking -> Accounts -> Manage -> Check Stop Payment.**

Media City Credit Union is hereby directed to attempt to stop payment on the following check(s):

**SINGLE** Check Stop Payment on Account: \_\_\_\_\_

Check # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Payee: \_\_\_\_\_

Reason for Stop Payment:  Lost  Stolen  Dispute  Other \_\_\_\_\_

**RANGE** Check Stop Payment on Account: \_\_\_\_\_

Beginning (including) Check # \_\_\_\_\_ to Ending (including) Check # \_\_\_\_\_

Reason for Stop Payment:  Lost  Stolen  Dispute  Other \_\_\_\_\_

**REVOKE** Check Stop Payment on Account \_\_\_\_\_

Beginning (including) Check # \_\_\_\_\_ to Ending (including) Check # \_\_\_\_\_

I understand that Media City Credit Union uses a computer system to place the stop payment. Therefore, the account number and check number(s), I list must be correct for the Stop Payment to take effect.

I understand that if Media City Credit Union has obligated itself to pay the check(s), pursuant to California Commercial Code, Section 4403, or a third person becomes the holder in due course of the check(s), that Media City Credit Union may be obligated to pay the check(s).

I agree to indemnify Media City Credit Union against any and all liability, loss, costs, damages, fees of attorneys, and other expenses, including but not limited to any amount you are obligated to pay on the check(s), which Media City Credit Union may sustain or incur in consequence of honoring this Request to Stop Payment.

A written stop payment order regarding any debit entry initiated or to be initiated to a non-consumer account will remain in effect until the earliest of: the withdrawal of the stop payment order by the Receiver; the return of the debit entry; or, six months from the date of the stop payment order, unless it is renewed in writing.

I understand that Media City Credit Union will not be liable for paying any check(s) on the day the Request for Stop Payment is received.

I understand that a **\$25.00** fee will be assessed to implement a stop payment request.

I understand that a **\$10.00** fee will be assessed to revoke a stop payment request.

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

**Please fax this form to Media City Credit Union (818) 238-2979**

**FOR CREDIT UNION USE ONLY**  
Teller ID: \_\_\_\_\_ Stop Date: \_\_\_\_\_ Revoke Date: \_\_\_\_\_  Verbal Request \*Expire in 14 days