



# Bashas' Associates Federal Credit Union

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www.bafcu.com  
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1940 W Indian School Road, Phoenix, AZ 85015  
(480) 831-0098 (800) 686-2328  
accounting@bafcu.com  
Fax (480) 831-1512

Member Name \_\_\_\_\_ Account # \_\_\_\_\_ Date \_\_\_\_\_

## Share Draft Stop Payment

Fee \$ 30.00

Date of Draft: \_\_\_\_\_ Draft #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payable to: \_\_\_\_\_ Reason for Stop Payment: \_\_\_\_\_

I hereby request Bashas' Associates Federal Credit Union (BAFCU) to stop payment on the above share draft . A stop payment will remain in effect: (1) for six months from the date of the stop payment order, (2) until the Receiver withdraws the stop payment request, whichever occurs earliest. Stop payments must be submitted in writing at least three banking days before the scheduled payment date.

It is further understood that the Credit Union assumes no liability for any action it takes regarding the payment or non-payment of the above-described share draft. It is further understood that I hold the Credit union harmless of any liability for any action it takes regarding the payment or non-payment of the above-described item, which would also include any legal action as a result of a stop payment request.

## Official Check/Money Order – Lost or Stolen Stop Payment

Fee \$25.00\*

Date of Official Check/Money Order: \_\_\_\_\_ Official Check # or Money Order # \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

I declare under penalty of perjury that:

1. I have the right to receive the amount of the item because I am the Purchaser
2. I requested the item to be sent to me by US Mail or thru the Company Interoffice Mail,  
**\*No stop payment fees if more than 10 business days from mailing date.**  
**OR**
3. The item was lost, stolen or destroyed while in my possession and I no longer have nor can I reasonably gain possession of the Item because it was destroyed, it whereabouts cannot be determined or its in the wrongful possession of an unknown person who cannot be found or it is not amenable to service of process.  
**\*Stop payment fees will apply**

Signature: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For Credit Union Use Only

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_