



CAP COM Financial Center
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Other Branch Locations
Brunswick • Clifton Park • Cohoes • Colonie
Glenmont • Latham • Niskayuna • North Greenbush

Credit Union Check Stop Payment Request Form

Credit Union Check Information:

Member's Name: _____ Account Number: _____
Check No: _____ Check Date: _____ Amount of Check \$ _____
Name of Payee: _____

Declaration of Loss:

By signing below, I certify under penalty of perjury that the above referenced check was:

_____ Lost _____ Stolen _____ Destroyed or Mutilated

CAP COM may require presentation and surrender of the check if it was damaged or mutilated.

I hereby assert a claim for the amount of the check described above and request that payment be:

_____ Credited to the above referenced account if check only issued to account owner(s)

-OR- check is more than 90 days old

_____ Reissued to the Above Named Payee

By signing below, I understand and agree with the following conditions:

- 1. That the Credit Union check was lost, stolen or destroyed and I am requesting that a stop payment be placed on that item;
2. That this request to stop payment on the Credit Union check is not enforceable unless it is received at a time and in a manner affording the Credit Union a reasonable time to act on it before the check is presented;
3. That until the stop payment request becomes enforceable, this form has no legal effect and that the Credit Union shall be discharged from liability should the item be presented prior to this stop payment request becoming effective;
4. That once the stop payment becomes enforceable, the Credit Union is no longer obligated to pay the check;
5. That a stop payment fee may be assessed in accordance with the Credit Union's fee schedule; and
6. That by signing this claim and stop payment request form, I agree to defend, indemnify, and hold Capital Communications Federal Credit Union harmless from any claim, damage, or costs made or incurred as a result of honoring this request and refusal to pay the above referenced Credit Union check.

Name (Please Print)

(Signature)

Office Use Only
Date Rec'd at CCFCU _____ Date Fee Charged _____ Initial/Teller # _____
If Fee Waived _____ Manager Approval _____