



430 South 4<sup>th</sup> Street, Reading, PA 19602  
(800) 451-3477 • (610) 374-8351  
Fax (610) 374-0686

**CHECK STOP PAYMENT RELEASE REQUEST FORM**

Member's Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_  Mobile  Work (\_\_\_\_\_) \_\_\_\_\_

This is a request to release a stop payment previously placed on a:  Check  Postdated Check

Item number or series: \_\_\_\_\_

Account drawn on:  Checking  Money Market  Unsecured Line of Credit  Home Equity Line of Credit

Date of Item: \_\_\_\_\_

Date of initial stop payment order: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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

By signing below, I acknowledge I am requesting Riverfront Federal Credit Union (Credit Union) to release a stop payment order that I or a joint owner of this account previously requested on a share draft, check, or ACH draft ("Item") as indicated above. I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in payment of the Item on or subsequent to the date of this notice, including claims of any joint owner, payee, or endorsee, or in failing to pay the Item as a result of incorrect information provided by me.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Upon completing, please mail or fax to the credit union's address listed above Attn: Stop Payment Release*

**CREDIT UNION USE ONLY:**

Request received by \_\_\_\_\_ Date \_\_\_\_\_ Via  In person  Phone  Fax

Form submitted to member by mail  Member accessed form online

Stop payment release processed by: \_\_\_\_\_ Date: \_\_\_\_\_