

Stop Payment

Please Mail or Fax form to:
Montauk Credit Union, 111 West 26th Street, New York, NY 10001, or 212-989-0483.

Full Name _____

Member # _____

Check #

Date of Check

Payable to

Amount of Check

Share Draft Account #

THERE IS A \$5.00 SERVICE FEE WHICH WILL BE CHARGED TO YOUR SHARE DRAFT ACCOUNT.

X _____
Signature Date

We have received your request that we stop payment on the draft described above, unless we have already paid, certified or accepted it. Your request will cease to be effective six (6) months from the date shown below unless it is previously canceled or renewed in writing by you. The Credit Union will not be liable for payment of the draft contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to you. The credit Union's liability shall not, in any event, exceed the amount of the draft. You must reimburse the Credit Union for any loss it sustains in honoring this request.