

## Stop Payment for Cashier's Check

<b>Member Information</b>	Date of Stop Payment Request
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Account Number	E-mail Address	Daytime Phone Number
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First Name	Last Name
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**Cashier's Check Information**

Date Issued	Cashier's Check Number
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Reason for Stop Payment

Payee	Amount of Check \$
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The undersigned hereby agrees to indemnify East County Schools Federal Credit Union for all damages, costs, and expenses to which East County Schools Federal Credit Union may be subjected by reason of authorizing this stop payment. It is hereby understood that East County Schools Federal Credit Union is to use every reasonable effort to stop said check, but should the check be paid after due diligence upon credit union's part or should East County Schools Federal Credit Union become a holder in due course, East County Schools Federal Credit Union shall not be held liable in any way, and said check shall be charged to the member's account.

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Member Signature	Date
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Please sign and submit this form through one of the following methods:

Drop off in person or mail to: 1069 Graves Avenue, Suite 100, El Cajon, CA 92021  
 By Fax: 619-588-2197

Accepted By (Employee )	File Maintenance Completed	Member Credited
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