



NY TEAM Federal Credit Union
 65 Broadway
 Hicksville, NY 11801
 (516) 822-1070
 Fax: (516) 822-2478

STOP PAYMENT REQUEST

www.nyteamfcu.org

Account #:

Member's Information

Member Name: _____ Date: _____

Address: _____

Phone #: _____ Email: _____

Type of Check

Please place a stop payment on:

**Official Teller Check
 Fee \$10.00**

**Share Draft
 Fee \$20.00**

Check Information

Amount of Check: \$ _____

Date of Issuance: _____

Check #: _____

Reason for stop payment on check:

Lost Stolen Other: _____

For Official Teller Check Stop payment only

I would like to receive my funds:

Deposit into my share / draft

Check

Member Authorization

Member's Signature

Date

Member Service Representative

Additional Comments: _____

(Tellers Initials & Number): _____

Date: _____