



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

**STOP PAYMENT REQUEST**

[www.nyteamfcu.org](http://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: \_\_\_\_\_