STOP PAYMENT AUTHORIZATION

FIRST NAME	LAST NAME	ACCOUNT NUMBER

STREET ADDRESS	CITY	STATE	ZIP CODE

CHECK NUMBER	AMOUNT OF CHECK	DATE ISSUED

PAYABLE TO	STOP PAYMENT REASON

Greater Valley Credit Union will not be liable should any item be paid due to inaccurate or incomplete information. In authorizing this stop payment, you understand that you will be legally bound thereby, agree to hold the Credit Union harmless from all liability, costs and expenses it may incur by refusing payment of said check. This stop payment order will remain in effect for a period of six (6) months from the date of your request unless renewed in writing. You understand that your account will be debited for any applicable fees.

_____ _____

MEMBER'S SIGNATURE DATE

MAINTENANCE BY:	**REVOCATION OF AUTHORIZATION:**
DATE:	I hereby revoke this stop payment authorization. _____ PRINT NAME
VERIFIED BY:	_____
DATE:	SIGNATURE DATE