UNITED ENERGY CREDIT UNION

REQUEST FOR STOP PAYMENT

| | | would like to request | would like to request a Stop Payment Order | |
|--------------|-------------------------------|-------------------------------------|--|--|
| | | for the following checks: | | |
| Check # | <u>Date</u> <u>Written</u> | <u>Payee</u> | <u>Amount</u> | |
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| I understand | that a fee of \$25. | 00 will be deducted from my chec | king account for each | |
| non-consecut | ive check request | ed for stop payment. | | |
| | | Signature | Date | |
| Credit Union | Staff: Member m | ust sign form prior to placing stop | payment The receipt must | |

be attached to this document and this document is to be scanned immediately.