



**1199 SEIU Federal  
Credit Union**

*"For Your Financial Health"®*



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## Stop Payment Request Form

Date \_\_\_\_\_

Member # \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Check: \_\_\_\_\_

Check Amount: \_\_\_\_\_

I am also aware of the **\$20.00** stop payment fee and that my check will be re-deposited to my account upon receiving confirmation from Amalgamated Bank, which may take five to ten business days.

Signature: \_\_\_\_\_

