

"For Your Financial Health"®

Stop Payment Request Form

	Date	
	Name	
	Social Security Number	
	Member Number	
	Date of Check	
	Check Amount	
I am also aware of the \$25.00 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.		
Signa	ture:	Date:





