



Stop Payment Agreement

Stop Payment Fee: \$15.00

Member Name: _____

Member Account #: _____

Member Phone #: ____ - ____ - ____

Draft #: _____

Amount: _____

Draft Date: _____

Payable to: _____

Reason: _____

Stop Payment Expiration Date: _____

You may initiate an oral Stop Payment order; however, it will require a signature to remain in effect beyond the 14th calendar day of initiation. A written and signed Stop Payment order will remain in effect for six months and must be renewed in writing, by the member to stay in effect for additional periods of time. Advantage Financial is not required to notify the members when a Stop Payment order expires (oral or written).

Exact information is vital to insure the order is properly executed. By signing below, you understand that if this order contains incorrect or incomplete information, Advantage Financial will not be responsible for failing to stop payment on a specific draft, and you agree to hold Advantage Financial harmless for said amount and for all expenses and costs incurred by refusing payment of such draft.

I have verified the information listed above is accurate and I accept the rules pertaining to this agreement.

Member Signature

Date

Advantage Financial Use Only

Completed By: _____ Date: _____

Fee Charged: _____ Waving of Fee Approved by: _____