

Edco Federal Credit Union

Stop Payment Request

Name _____ Check No. _____

Checking Account No. _____ Amount of Check _____

Date Check Was Written _____

Note: There will be a \$12.00 stop payment fee on a check.

Member's Signature _____ Date: _____

Fax or send to:

Edco Federal Credit Union
1165 North Ridge Road E.
Lorain, Ohio 44055
Phone 440-233-4878
Fax 866-936-6950