



14985 Glazier Avenue
Apple Valley, MN 55124
(800) 692-2274

Wings ID # _____

CHECK STOP PAYMENT REQUEST

Member Name: _____

Account #: _____

Check Number(s): _____

Issued to: _____

Amount: _____

Reason for Stop: Dispute Lost Stolen Undelivered Check Order
 Other _____

A \$30 fee will be charged for processing a stop payment. (A series of two or more checks in consecutive order will be charged one fee.)

A stop payment is effective for 6 months, unless the check(s) are lost or stolen. A new stop payment request must be completed to extend the stop payment for another 6 months. An additional stop payment fee will be charged at that time.

If you recover the check(s), please notify us so that we may remove this stop payment from our records.

I, the undersigned, understand that a stop payment may only be removed by the signer who placed the stop on the item.

Signature: _____ Date: _____

Credit Union Use Only: Processed by Teller # _____ Date _____ Order # _____ <input type="checkbox"/> Forward to Electronic Payments
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