



BILL PAY STOP PAYMENT REQUEST

Date _____

Check File ID _____ Amount of Payment _____

Account Number _____ Payee _____

Member Name _____

Address _____

City, State, Zip _____

I hereby request that a stop payment be placed on the draft described above for the following reason:

I also represent that the information set forth is an accurate description of the draft to be stopped.

I understand that the funds will be redeposited into my account and I will be responsible for reissuing the payment to the merchant.

I also will not hold OnLine Resources or Unity One Credit Union liable for any late fees or penalties accessed my account because of the stop payment.

I understand a stop payment charge of \$25.00 will be deducted from my account for this stop payment.

Member's Signature