



SHARE DRAFT STOP PAYMENT AUTHORIZATION

Date _____ Time _____

I authorize Central Valley Firefighters Credit Union to place a stop payment on the following share draft(s). Stop payment is in effect as is for six (6) months. I understand that if a draft has already been presented for payment that I am liable for the amount of the draft.

Draft Number _____ Amount \$ _____ or Range of _____ to _____
Date Written _____ Payee _____
Reason for Stop Payment _____

Signature _____ Date _____

Signature _____ Date _____

MEMBER INFORMATION

Name _____ Share Draft ID Number _____
Member Day Phone _____

CREDIT UNION USE ONLY:

449 Screen By _____ Date _____ Time _____



Federally insured by NCUA.

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