



# CADDO PARISH TEACHERS' FEDERAL CREDIT UNION

4625 HEARNE AVE – PO BOX 3133 – SHREVEPORT, LA 71108  
PHONE (318) 631-5640 - FAX (318) 631-8927

## Stop Payment Authorization

Customer Name: \_\_\_\_\_ Account Number \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Walk-In \_\_\_\_\_ Faxed \_\_\_\_\_ Mail \_\_\_\_\_

You are hereby authorized by my order to stop payment on check. I understand the Stop Payment fee associated with this Authorization will be charged to the above-reference account.

Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Date of Check \_\_\_\_\_

Payable To: \_\_\_\_\_

I understand that for this stop payment authorization to be effective, the Credit Union must be given reasonable processing time and that this order is subject to the check or checks having been paid by the Credit Union. By state law, no stop payment order shall remain in effect for more than six months unless same be renewed in writing.

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Prepared By**