

**STOP PAYMENT AUTHORIZATION
 (TEMPORARY ORDER VALID FOR SIX MONTHS)**

Member Information	Name (First, Middle, Last)		Account Number		
	Mailing Address		City	State	Zip Code
	Daytime Phone Number		Evening Phone Number		

Check Information	Starting Check #		Ending Check #		
	Dollar Amount \$		Date Written		
	Payable to				
	Reason for Stop Payment:				

ACH Entry Information	Company Name		Company ID #		
	Dollar Amount \$		Scheduled Withdrawal Date:		
	Reason for Stop Payment:				

Signature	<p>The Credit Union is directed to stop payment on the entry(s) above, unless such items have already been paid, certified or accepted. The stop payment will not be effective until 24 hours after this request is submitted. This request will cease to be effective six (6) months from the date requested, unless canceled or renewed in writing by the member. The Credit Union is not obligated to notify the member when a stop payment order expires. The Credit Union will not be liable for payment of the check(s) and/or ACH entry(s) if the information you supplied is inaccurate unless payment is caused by the Credit Union's negligence and causes actual loss to the member. The Credit Union's liability shall not, in any event, exceed the amount of the check(s) and/or ACH entry(s).</p> <p>I agree to pay the applicable service fee and understand the terms and limitations listed on this page.</p>				
	<i>Member Signature</i>			<i>Date</i>	

**Mail to: Alcoa Pittsburgh FCU
 201 Isabella Street, Ste 100
 Pittsburgh PA 15212**

Fax to: (412) 553-2464