



## Stop Payment Cancellation

Name \_\_\_\_\_

Date \_\_\_\_\_

Date of original stop \_\_\_\_\_

Account #. \_\_\_\_\_

Check Digit \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

Evening Phone No. \_\_\_\_\_

Check # \_\_\_\_\_

Check Amount \_\_\_\_\_

I authorize the UVA Community Credit Union to delete the stop order on the above-listed items. I understand that this action releases the Credit Union of any obligation to return these item(s) as unpaid due to STOP PAYMENT. I also understand that this action does not entitle me to a refund of the \$32 stop payment order fee and that should I choose to re - issue a stop order I will be charged the fee of \$32.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to any UVA Community Credit Union branch, or

Mail to: UVA Community Credit Union  
Attn: Member Service  
3300 Berkmar Drive  
Charlottesville, VA 22901

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### **FOR CU USE ONLY**

Initials \_\_\_\_\_

Stop deleted \_\_\_\_\_