



STOP PAYMENT REQUEST - WEBFORM

In compliance with your request, NavyArmy will place a stop payment order against your check(s) described hereon. An oral order is binding for fourteen (14) calendar days unless confirmed in writing within that period. A written order is effective for six months unless renewed in writing. (Uniform Commercial Code, Section 4-403). If you recover the check(s), notify us so that we may remove this order form from our records. When issuing a check to replace one lost, please use new date and number. Do not mark "duplicate."

- Your account will be charged \$20.00 for each stop payment request.
- For stolen checks with a police case number, no fees will be charged.
- Allow 24 hours to become effective.

I understand the above disclosures.

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

**Please complete the information below and fax to us at 361-986-8086 or drop off at any of our branches.**

Today's date: \_\_\_\_\_ Time: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

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

Check Dated: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Check Payee: \_\_\_\_\_

Reason for Stop Payment: \_\_\_\_\_

\_\_\_\_\_

Account No: \_\_\_\_\_