



1234 WEST CHISHOLM STREET  
ALPENA, MICHIGAN 49707  
989-354-4698 1-888-554-5944  
www.hpccu.com

## Share Draft Stop Payment Request

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

Member Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Draft Number(s): \_\_\_\_\_

Amount of Draft(s): \_\_\_\_\_

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

By signing below, I agree to pay a \$5.00 Stop Payment Fee per Draft.

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

MSR Initials \_\_\_\_\_

Revised 4-2009