

MUSKEGON FEDERAL CREDIT UNION
STOP PAYMENT CASHIER CHECK REQUEST

CASHIER CHECK NUMBER _____

DATED ____ / ____ / ____

AMOUNT \$ _____

I, _____ (*Print Name*) understand and agree to the following:

1. I am still liable for the original cashier check and will repay Muskegon Federal Credit Union if this item is paid for any reason.
2. If I find the original cashier check, I will return it to Muskegon Federal Credit Union and use only the replacement provided.
3. A \$25.00 fee will be debited to my account for each item requested.

Member Signature

Date

Management Initials

Date