dfcu FINANCIAL
P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
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Money Order Stop Payment Request

Member Name: _____ **Member Number:** _____

Account Number: _____

Stop Payment Information

Requested By ☐ Written ☐ Oral			
Serial Number	Amount	Purchase Date	
Stop Payment Fee	Date Accepted	Time Accepted	Accepted By

Your request must be given to Us in a timely manner so that We have a reasonable opportunity to act on Your request. Written confirmation of the stop payment request will be provided to You. A stop payment request is effective for six (6) months. If at the end of six (6) months You request Us to continue the stop payment order, that request will be treated as a new request. We are not liable if We pay a Money Order which You have requested Us to stop payment on as long as We act in good faith and exercise ordinary care.

_____ _____

Authorized Signer ("You" or "Your") **Date**