



Date:

Member Account Number:

I, _____ request that a stop payment be placed on the following

Check # _____ Amount \$ _____

Check # _____ Amount \$ _____

Reason:

Signature

Please Note: A \$20 Stop Payment fee applies.

.....
For Office Use Only

Teller No. _____ Date Processed: _____

Locations

Grand Rapids | Zeeland | Herman Miller
Spring Lake | N. Holland | S. Holland | Standale

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