

**STEPHENS-FRANKLIN TEACHERS FEDERAL CREDIT UNION**

**STOP PAYMENT FORM**

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, St., Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Check # to Stop** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Payable to** \_\_\_\_\_ **Date Written** \_\_\_\_\_

**You need to print, sign and return this form to create a stop payment. (in person or by mail)**

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