



Money Order Stop Payment Order

A Stop Payment Fee Will Be Charged to the Checking Account

Member Name: _____

Account Number: _____

Serial Number: _____ Amount: _____

Issue Date (mm/dd/yy): _____ Payable To: _____

Refund Credited To Account Number: _____ Reason For Stop Payment: Lost Stolen Destroyed

1 Item Description: I request GTE Federal Credit Union DBA GTE Financial stop payment on the money order described above. I warrant that the item’s description, including the date, its amount, the item number, and payee are correct, where applicable. I understand that the correct information on the item is necessary for the Credit Union to identify the item. If I give the Credit Union the incorrect money order number or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the item.

2 Stop Payment Order: Member agrees to indemnify and hold the Credit Union harmless from and against any loss, liability, damage, cost, or expense (including, without limitation, attorney’s fees, and court costs) resulting from any claim, demand, action, suit or proceeding brought or made by any party in any way, arising from or related to the item indicated above. Declarer confirms that the stop payment is only for the purpose indicated above and is not due to dissatisfaction with goods or services or for any other reason.

Member Signature: _____ Date: _____

Fax to: 813.414.8441, Attn: Member Account Services or Mail to: GTE Financial, P.O. Box 172599, Tampa, FL 33672