



Stop Payment Cancellation Form

First Flight must receive this notice at least three (3) business days prior to the scheduled transaction date for cancellation of the stop payment to occur.

I, _____, authorize First Flight Federal Credit Union to cancel my pre-authorized request for stop payment for account number _____ effective _____

Please cancel the following Stop Payment:

Type of Transaction	Item Number	Amount	Payable To
Draft/Check	_____	\$ _____	_____
Preauthorized Electronic Funds Transfer	_____	\$ _____	_____
Electronic Draft/Check Conversion Transaction	_____	\$ _____	_____

Member Signature: _____ Date: _____

Employee Printed Name: _____ Date: _____

Operations – Processed by: _____ Date: _____