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## Stop Payment Request Form

Date	
Name	
Social Security Number	
Member Number	
Date of Check	
Check Amount	

I am also aware of the **\$25.00** stop payment fee and that my check will be re-deposited to my account upon receiving confirmation from Amalgamated Bank, which may take five to ten business days.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

