

PUBLIX EMPLOYEES FEDERAL CREDIT UNION

I _____, Account Number _____ request that payment be stopped on money order Number _____, Dated _____ in the amount of \$ _____

Money Order was: Blank
 Made Payable to _____

The status of the money order is best described by the selection I checked below:

I have lost possession of the money order or the money order was lost in the mail

The money order was stolen – it is in the possession of an unknown person

The money order was destroyed by (explain) _____

By signing this form below I understand that a replacement money order will be issued by close of the following business day after Publix Employees Federal Credit Union receive this signed document.

I agree that I am still liable for the original Money Order and will repay Publix Employees Federal Credit Union all costs incurred if this Money Order must be paid for any reason. I further state that if I find the original Money Order I will return it to Publix Employees Federal Credit Union and use only the replacement money order provided.

Signature

Phone Number

Note: This form can be filled out using Adobe Acrobat Reader . Please fill out, print and sign. Completed forms can be faxed to 863-797-1344 for processing