**Stop Payment Request**

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| **Personal Information** | | | | | |
| Member Name | | | | Member Account Number | Check one  New  Renewal  Cancellation |
| Address | | | | Contact Phone Number |
| **Stop Payment Information** | | | | | |
| Type of Transaction  Check/Draft  One-time ACH Debit Entry  Recurring ACH Debit Entry | | | | | |
| Check number or range | | Check Payee | | ACH/EFT Merchant | ACH Source Code |
| Amount  $ | | Date of Item/Transfer | | Reason for Stop Payment Request | |
| **Stop Payment Cancellation** | | | | | |
| Check number or range | Check Payee | | | ACH/EFT Merchant | ACH Source Code |
| Amount  $ | | | | Reason for Stop Payment Cancellation | |
| **Signature** | | | | | |
| **Item Description:** I request the Credit Union to stop payment on the item described and checked above. I warrant that the above description, including the date or scheduled transfer date, its exact amount, the item number, and payee are correct. I understand that the EXACT information is necessary for the Credit Union’s computer to identify the item, transfer, or conversion transaction. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment.  **Agreement:** I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Request is received by the Credit Union   * within a reasonable time for the Credit Union to act on my request prior to final payment or similar action; or * at least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer.   If this request is a ONE TIME STOP, I understand that the Credit Union cannot guarantee the prevention of the payment that was stopped from being re-deposited and debited from my account.  I understand that my Stop Payment Request is conditional and subject to the Credit Union’s verification that the item has not already been paid or that some other action to pay the item has not been taken.  I understand that the Credit Union cannot identify and therefore attempt to stop an ACH payment if the origination name is different from the name shown above.  I understand the stop payment does not cancel or change the contract I have with the originator (payee). To cancel that contract and terminate my Preauthorized Electronic Fund Transfer payment, I must follow the specifications outlined in the contract.    **Duration:** I understand that my Stop Payment Request will expire in fourteen (14) days unless I sign and return this form.   * **Consumer accounts** – a written stop payment order is effective until the order is withdrawn in writing**.** * **Non-consumer accounts** – a written stop payment request is effective for a period of six (6) months from the date of this request unless I withdraw this request or renew the request for additional periods, in writing**.**   **Fees:** I agree to pay a charge of $10.00 for this stop payment order. Unless otherwise agreed, you are authorized to charge this fee to the account indicated above.  **Indemnification:** I agree to indemnify and hold the Credit Union harmless from all costs, including attorney’s fees, (to the extent permitted by law) damage or claims related to the Credit Union’s action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me.  This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the State where the Credit Union’s main office is located, by automated clearinghouse rules and by other local clearinghouse rules. | | | | | |
| Member Signature | | | | | Date |
| **For Credit Union Use Only** | | | | | |
| Accepted By: | | | Request Received by:  In person  By Phone  By Mail  By Fax | | |
| Date Accepted: | | | Type of Account:  Consumer Account  Non-Consumer Account Exp. Date: | | |
| Stop Payment Placed By: | | | Fee $10.00 | | |