

Stop Payment Request

Any verbal authorization of stop payment is only valid for 14 days

Name _____ Date _____

Account Number _____ Daytime Phone _____

Item to be stopped:

Check Single ACH Payment Recurring ACH Payments

Date Company Notified _____ ACH Company ID _____

Check Number(s) _____ Issued Date _____ Amount _____

Payable to _____

Reason _____

Additional Notes _____

Terms and Conditions. By directing the Credit Union to stop payment of the above transaction(s), the account holder agrees that the Credit Union is not obliged to honor a stop payment request that does not contain accurate information provided in a timely manner, at least three days prior to the transfer date. The account holder understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in payment of the above item. The account holder agrees to hold harmless and indemnify the credit union for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly, according to the time requirements noted. Verbal stop payment order will cease to be binding after 14 calendar days unless written confirmation is provided to the credit union by the account holder within that 14 day period. This proposed stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, (2) the stopping of payment of the debit transfers subject to this request, or (3) six months from the date of the stop payment request, unless it is renewed in writing.

A FEE of \$20 applies for each stop payment placed. (Effective 04/01/2019) and will be charged to your checking account for processing the Stop Payment Request. The Stop Payment will not be processed if the Fee is not available in the account. The Stop Payment FEE is non-refundable.

Authorized Signature

Credit Union Use Only

Stop Payment Fee Charged (\$20 each item or \$25 for consecutive check numbers) Employee _____

Date presented _____ Amount \$ _____ Date presented _____ Amount \$ _____

Date presented _____ Amount \$ _____ Date presented _____ Amount \$ _____