

STOP PAYMENT ORDER

ACH Company ID# _____
 Date of Verbal Stop _____
 Time Received _____ Rep. # _____

MEMBER NAME: _____ ACCOUNT NUMBER: _____

Checks	<input type="checkbox"/> Stop Single Check	Stop payment on the check(s) identified below. I understand that I do not have a right to stop payment on a Credit Union official check (cashier's, teller's, or certified check).
	<input type="checkbox"/> Stop Range of Checks	
ACH Only Select One	<input type="checkbox"/> Stop Electronic Draft/Check Conversion Transaction	I understand that if I authorize the conversion of an item to an electronic transaction that it will be presented for payment electronically through automated clearinghouse (ACH) processes. Unless the box for Electronic Draft/Check Conversion Transaction is marked, I warrant that the item upon which I am requesting to stop payment is not an Electronic Draft/Check Conversion Transaction. I understand that the credit union will not stop payment on an item if it is processed as Electronic Check Conversion Transaction and I have not indicated that above.
	<input type="checkbox"/> Stop Next (Single) ACH Payment ONLY	Stop payment on the next scheduled electronic payment authorized by me as described below. I understand that this stop payment applies only to the next scheduled payment and the Credit Union cannot guarantee the prevention of a payment that was "stopped" from being resubmitted by the originator and the amount debited from my account.
	<input type="checkbox"/> Stop All Future ACH Payments To Named Originator Indefinitely	I hereby revoke authorization of all electronic payments authorized by me from the originator indicated below starting with the next scheduled electronic payment. I understand that this authorization revocation applies to each electronic payment from the originator beginning with the next scheduled payment.
	<input type="checkbox"/> STOP Series ACH Payments	I hereby revoke authorization of the series of ACH payments indicated below, which were authorized by me from the originator during the timeframe indicated below. I understand that this authorization revocation applies to each electronic payment attempt from the originator during the timeframe indicated below.
Required Information	For Checks	Date of Check: _____ Single Check #: _____ or Range of Check #'s from: _____ to: _____ Amount: \$ _____ or <input type="checkbox"/> N/A for Range Stop Payable to: _____ or <input type="checkbox"/> N/A for Range Stop
	For ACH	Originator/Company Name: _____ Date of Next Scheduled Payment: _____ Amount: \$ _____ <input type="checkbox"/> Stop Series of ACH Payments: Date Range from: _____ to: _____

Terms & Conditions	<p>All Stop Payment Orders: I understand that if I do not supply you with complete and accurate details regarding the payment(s) I wish to stop, this Stop Payment Order may not be effective. I agree that you shall not be liable for payment of any debit in the event the information I provide on this form is, in any manner, not complete or accurate. A Stop Payment Order for checks is effective for six months, but it lapses after 14 calendar days if the original order was oral and was not confirmed in writing within that period. A Stop Payment Order may be extended for an additional six-month period if another written Stop Payment Order is received prior to its expiration. I understand that if the same share draft or electronic debit (as applicable) is presented for payment after this Stop Payment Order expires, the item will be honored. I agree to indemnify you against any and all liability, loss, costs, damages, attorneys' fees, and other expenses, including, but not limited to, any amount you are obligated to pay on the item that you may sustain or incur as a consequence of honoring this Stop Payment Order. You will charge me a Stop Payment Fee for each Stop Payment Order I give.</p>
	<p>ACH Only: I understand that for ACH Stop Payment Orders to be effective, my Stop Payment Order must be received by you no less than three (3) business days or more before the next scheduled electronic payment is to be made. If my Stop Payment Order is not timely or if you are otherwise compelled to make the scheduled electronic payment, I agree that you shall be entitled to charge my account for the amount paid and such charge shall stand regardless of whether I am entitled to recover from you on account thereof, and my remedy will be to prove and recover only such actual damages that may be suffered by me in connection with your payment of the item. I also understand that this Stop Payment Order does not cancel or change the contract I have with the Originator/Payee. To cancel all future transfers, I understand that I must cancel the contract with the Originator/Payee and terminate my pre-authorized electronic payments by following the procedures outlined in my contract with the Originator/Payee.</p>

I acknowledge receipt of a copy of this Stop Payment Order and accept and agree to the terms hereof. I, the account holder, further represents that the debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me.

Member (1) Signature _____ Date _____ Member (2) Signature _____ Date _____

Order to Cancel Stop Payment Order: The above Stop Payment Order is hereby cancelled.

Member (1) Signature _____ Date _____ Member (2) Signature _____ Date _____