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STOP PAYMENT REQUEST

In this Stop Payment Request ("Request"), the words "You" and "Your" mean the owner of the deposit account identified herein, and the words "We", "Us", "Our" and "Credit Union" mean the Credit Union identified herein. The word "Item" means any check, share draft, preauthorized electronic fund transfer (EFT) transaction, ACH transaction or other payment that is drawn on or payable through Your deposit account with the Credit Union, and which is the subject of this Stop Payment Request. Words, phrases, or numbers preceded by a checkbox (☐) are applicable only if the checkbox is marked (e.g. ☒).

Account Name: _____ **Account #** _____

Request Received: ☐ Oral Request accepted on _____ (date) at _____ (time) (Oral Request expires after 14 days).
 ☐ Written Request received on _____ (date)

Stop Payment Request Fee \$ 25.00

A Stop Payment Request must be received by Us in time to allow Us a reasonable opportunity to act on it prior to final payment or similar action. Please refer to Your Account Agreement with Us for additional important information about Stop Payment Requests. This Request is subject to the Uniform Commercial Code (UCC) as adopted in the state where Our principal office is located, to Automated Clearinghouse (ACH) rules, and to the federal Electronic Fund Transfers Act, as applicable. You understand that You may not stop payment on any Debit/ATM Card point of sale transaction, any cashier's check, teller's check, certified check, or any other such similar check/money order You have purchased from Us. Your Request is conditional and subject to verification that the Item has not already been paid by Us or that some other action to pay the Item has not been taken.

Because checks, share drafts, preauthorized EFT payments and other Items are processed by the Credit Union using computerized equipment, in order for this Request to be effective, You must provide Us with complete and accurate information that describes the check, share draft, preauthorized EFT payment, or other Item You wish to stop so that Our computer system can identify it. You understand and agree that We are not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner. You also understand and agree that We shall have no responsibility or liability for failure to stop payment on any Item because the information that You provide is not accurate or complete, and as result such item is paid by Us. You agree to hold harmless and indemnify Us for all expenses, costs, and damages incurred by payment of the Item described herein if such payment is the result of Your failure to furnish any requested information completely, accurately, and correctly, according to the time requirements described below.

CHECK/SHARE DRAFT – This Request is to stop payment on a single check/share draft

Check #	Date of Check	Amount	Payable to:

Reason for Stop Payment	Other Information

You, as the owner of the Account identified herein, hereby instruct and authorize the Credit Union to stop payment on the check/share draft specified above (hereinafter "check"). You represent and warrant that the above description of the check, including the check number, date of the check, amount, and the party to whom the check is payable is exact and correct. You hereby authorize Us to debit Your Account # identified above for the amount of the Stop Payment Request Fee, as also specified above.

You agree to indemnify and hold harmless the Credit Union against any and all loss, claims, damages, expenses and costs, including reasonable attorneys' fees that may be suffered by or incurred by Us by reason of non-payment of the above Item. You further agree that We shall not be liable if payment of this Item contrary to this Request is made through inadvertence or error, so long as We acted reasonably and in good faith. If a duplicate Item is issued or if the original Item is returned, You agree to notify Us promptly.

Oral requests to stop payment, if permitted by Us, are valid for fourteen (14) calendar days. In order for an oral request to remain valid longer than 14 days, this signed Request form must be received by Us within 14 days of the original request. If Your written Request is not signed and returned to us within this time period, the Stop Payment Request may be declared void and will no longer be binding. A written Stop Payment Request is effective for six (6) months and may be renewed for additional six-month periods by submitting another written request to Us within the period during which the Stop Payment Request is effective. You agree to indemnify and hold harmless the Credit Union for all expenses, costs, and damages incurred by Us in connection with payment of the above Item if such payment is the result of Your failure to meet the time requirements described herein.

PREAUTHORIZED ELECTRONIC FUND TRANSFER (EFT)

Single Preauthorized EFT – This Request is to stop a single preauthorized EFT
 Recurring Preauthorized EFTs – This Request is to stop all future preauthorized EFTs to the Originator indefinitely

Description	Date Scheduled	Amount	Payable To:

Reason for Stop Payment	Other Information

You, as the owner of the Account identified herein, hereby instruct and authorize the Credit Union to stop payment on the Preauthorized Electronic Fund Transfer(s) specified above. You represent and warrant that the above description of the Item(s), including the scheduled date (or the next scheduled date for recurring payments), amount, and the name of the party to whom the Item is payable is exact and correct. You hereby authorize Us to debit Your Account # identified above for the amount of the Stop Payment Request Fee, as also specified above. To be sure that You are not billed again for a recurring payment, You must contact the third party originator to cancel the payment authorization.

You agree to indemnify and hold harmless the Credit Union against any and all loss, claims, damages, expenses and costs, including reasonable attorneys' fees, that may be suffered by or incurred by Us by reason of non-payment of the Preauthorized Electronic Fund Transfer(s) specified above. You further agree that We shall not be liable if payment contrary to this Request is made through inadvertence or error, so long as We acted reasonably and in good faith. If a duplicate preauthorization is issued that replaces the preauthorized EFT subject to this request, You agree to notify Us promptly.

A request to stop a preauthorized EFT must be received by Us at least three (3) business days before the scheduled date of the preauthorized EFT transfer. If we receive Your Request within three (3) business days of the scheduled transfer date, We may attempt to accommodate Your Request, but You understand and agree We shall have no liability if payment is made by Us within the three (3) business day period. Oral requests to stop payment, if permitted by Us, are valid for fourteen (14) calendar days. In order for this request to remain valid longer than 14 days, this signed Request form must be received by Us within 14 days of the original request. If Your written Request is not signed and returned to us within this time period, the Stop Payment Request may be declared void and will no longer be binding. A written Stop Payment Request remain in effect until the earlier of: (i) the withdrawal of the Stop Payment Request by the party signing below; or (ii) the return of the debit entry, or, where a Stop Payment Request is applied to more than one debit entry under a specific authorization involving a specific originator, the return of all such debit entries. You agree to indemnify and hold harmless the Credit Union for all expenses, costs, and damages incurred by Us in connection with payment of the above Item if such payment is the result of Your failure to meet the time requirements described herein.

SIGNATURE. You acknowledge that You have read this Stop Payment Request, that You understand it, and that You agree to its terms.

AccountholderDate

