



Stop Payment Order

Account Number: _____

Member Name: _____

Member Address: _____

Share Draft (Check or Range of Checks)

Date of Draft: _____

Draft Number: _____

Amount of Draft: _____

Payable To: _____

ACH/Preauthorized Transfers

Date of Transfer: _____

Amount of Transfer: _____

Name of Payee/Originator: _____

This Stop Payment Order shall apply to (select one):

Only the individual ACH/preauthorized transfer(s) indicated above

The individual ACH/preauthorized transfer(s) indicated above and all future ACH/preauthorized transfers from the Payee-Originator identified above (no expiration date). To stop all future preauthorized transfers by the named payee-originator, the account holder must also provide written confirmation that the authorization with the payee-originator has also been revoked. If written confirmation is not received within 14 days, the Credit Union may honor subsequent debits to the account.

The Credit Union is requested to stop payment on the draft or pre-authorized transfer described above, unless it has already been paid, certified or accepted. By signing below, the account holder understands and agrees to the following terms and conditions:

1. A fee of \$15 may be charged to the account holder's account for this Stop Payment Order.
2. This Stop Payment Order will automatically terminate after 14 calendar days if not confirmed in writing by the account holder. If confirmed in writing, this Stop Payment Order will be valid for six (6) months. A Stop Payment Order may be renewed for an additional six (6) month period at the written request of the account holder before the expiration of this Stop Payment Order.
3. The Credit Union will not be liable for payment of the draft or pre-authorized transfer contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to the account holder. Account holder agrees to hold the credit union harmless from any claim, loss, damage, or expense that it may suffer or incur, including attorney's fees, by virtue of refusing payment of any item on which the account holder stopped payment, as well as for payment of any item after the Stop Payment Order has expired.

Member Signature

Date

Signature of Credit Union Employee Recording Verbal Request, If Applicable

Date of Request