



Name _____ Date _____
 Address _____
 Daytime telephone number _____

Dear Member:

Your verbal request for the stop payment order on the item described below will be binding on the Credit Union for a period of **fourteen (14) days**. Written stop payment orders for checks will be binding for a period of one hundred and eighty (180) days unless further renewed in writing, and must be received within fourteen (14) days. When placed for the current payment, ACH items on a consumer account will not expire unless the item is presented or you cancel the stop order. Written ACH stop orders placed for all future items will not expire unless you cancel the order. A **\$30.00 stop payment fee** shall be charged for placing the Stop Payment order at the time it is placed whether by verbal or written agreement.

In order for the Credit Union to execute your stop payment order, the information provided by you must be completely accurate. You agree to accept full responsibility for any check, automatic transfer (ACH), draft, or payment paid or not paid according to incorrect or incomplete information provided by you. You further agree to hold the Credit Union harmless for all costs, expense, or damages which may be incurred by the Credit Union's refusal to pay the described payment.

The Credit Union reserves the following time periods after a verbal or written stop payment is received to implement the stop order. During this time, the stop payment is **not guaranteed**. Any payment paid prior to the reasonable time described herein will be your full responsibility.

ACH, Automatic draft, payments 36 hours
 Checks 24 hours

Please complete bottom portion of this letter as your written request and return to the address listed below.

STOP PAYMENT REQUEST

Account #	Check #	Amount *	Dated	Payable to
_____	_____	\$ _____	_____	_____

CHECK ONE (ACH's, Automatic drafts, Payments): all future payments current payment only; stop order expires when presented for payment first time.

CHECK if applicable:

I authorized electronic presentment of this check. Please place stop according to electronic presentment rules and regulations. I have executed an Affidavit of Unauthorized ACH Debit.

** The amount of the ACH draft must be exact*

_____ (Signature) _____ (Date)

Reason for Stop Payment _____

IF THE ABOVE INFORMATION IS INCORRECT PLEASE NOTIFY US AT ONCE.



Renew Rethink Relationships

FOR OFFICE USE ONLY: Accepted by: _____
____ Over the Counter
____ Telephone
____ Date Accepted _____ Time _____

FOR OFFICE USE ONLY

Form initiated by:

Date form scanned in Synergy: _____