

Stop payment request for checks & ACH entries

Transaction type (check one) ACH/Electronic Check Check/Share Draft

Today's Date: _____ Time: _____ Requested By: _____

Account Number: _____ Name on Account: _____

Payable To/Originating Company Name: _____

Transactions Amount: \$ _____ . _____ Date of Draft/ACH: _____

Originating Company I.D. (necessary for ACH only): _____

Stop payment on the following share draft(s): _____ to: _____

Reason for Stop Payment: _____ code (_____)

Stop payment codes for ACH and Draft(s): 1) Unauthorized 2) Revoked 3) Member Requested Stop Payment 4) Improper Debit

Daytime phone number: _____ Received By: _____

Stop payment terms and conditions:

I understand that it is necessary to provide the correct information, and that failure to do so may result in payment of the above item. I agree to hold harmless and indemnify Orlando Federal Credit Union for all expenses, costs and damages incurred by payment of the above item if such payment is the result of failure to furnish any item of information (such as check serial number, amount, etc) requested above completely, accurately and correctly. Orlando Federal Credit Union's liability shall not, in any event, exceed the amount of the ACH/Share Draft debit. I agree to reimburse Orlando FCU for any loss it sustains in honoring this request.

This stop payment order shall be in effect for a) six months from date of request; b) or until written notice is given from the account holder to revoke the stop payment order; c) or until payment of entry has been stopped, whichever occurs first.

For ACH debits, this order is effective for a one time stop payment only, and is stopping this transaction only. This will not stop future recurring debits. It is the responsibility of the parties involved in the original ACH agreement (ACH originating company and the member) to dissolve or stop the ACH activity. By signing below, member acknowledges and agrees it is their responsibility to contact in writing the originating company to stop the ACH agreement.

I understand the above terms and conditions (please sign and date this stop payment request)

Member's Signature: _____ Date: _____

A charge as reflected below, shall be assessed to the account holder as payment for implementing this stop payment request.

Fee assessed: \$ _____

The above stop payment request is hereby cancelled (sign and date below)

Signature

Date

For Credit Union Use only

Notification given to: _____

Date: _____ Time: _____ By: _____ Confirmation code: _____