ODJFS FEDERAL CREDIT UNION

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Stop Payment Request for Checks & ACH Entries

TRANSACTION TYPE: ☐ ACH/ELECTRONIC CHECK ☐ CHECK/SHARE DRAFT ☐ PAPER DRAFT

☐ WRITEN REQUEST ☐ RENEWAL ☐ VERBAL REQUEST

Today's Date: Time: ☐ AM ☐ PM

Account Number: Account Type: ☐ Checking ☐ Savings

Account Name: Expected Clearing Date:

Payable To: Transaction Amount: $

Reason for Stop Payment:

Check Number(s):

FOR VERBAL REQUESTS ONLY: VALID FOR ONLY 14 DAYS. DATE ACCOUNT HOLDER CALLED: /____/____. STOP PAYMENT WILL BE INVALIDATED IF SIGNATURE IS NOT RECEIVED BY: ____/____/____. THIS VERBAL STOP PAYMENT REQUEST WILL BE SENT TO YOU FOR SIGNATURE AND MUST BE SIGNED AND RETURNED BY THE SPECIFIED DATE.

STOP PAYMENT TERMS & CONDITIONS:

On the terms hereinafter set out, I instruct **ODJFS Federal Credit Union**, hereinafter called "the Credit Union" to stop payment on the above item(s).

This stop payment order shall remain in effect for a) six (6) months; b) until written notice is received from the me; or c) until payment of the item has been stopped, whichever occurs first. I may renew this request after the six-month period has expired by completing a new **Stop Payment Request** form.

FOR ACH DEBITS, THIS ORDER IS EFFECTIVE FOR A ONE-TIME STOP PAYMENT ONLY, AND IS STOPPING ONE TRANSACTION ONLY. THIS WILL NOT STOP FUTURE RECURRING DEBITS.

By directing the Credit Union to stop payment on the above item(s), I agree to hold the Credit Union harmless against any and all loss, claims, damage and costs, including court costs and attorney's fees, that the Credit Union may suffer or incur by reason of not paying the above transaction if presented prior to withdrawal of these instructions or renewal thereof.

I understand that the Stop Payment Request must be received in time to give the Credit Union reasonable time to act upon it:

_____ Initial **CHECK/SHARE DRAFT, PAPER DRAFT, POINT-OF-PURCHASE (POP), CORPORATE TRADE EXCHANGE (CTX), CASH CONCENTRATION OR DISBURSEMENT (CCD), REPRESENTED CHECK ENTRIES (RCK), INTERNET INITIATED-SINGLE ENTRY ONLY (WEB) AND TELEPHONE (TEL) DEBITS:** The stop payment request must be provided to the Credit Union in such a time and manner as to allow the Credit Union a reasonable time to act on the request.

_____ Initial **ALL OTHER ACH DEBIT ITEMS (PPD, WEB-RECURRING ENTRY ONLY, ETC.):** Three days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment request is received after the aforementioned dates, the Credit Union will attempt to satisfy my request, but will not be held liable if sufficient time was not provided.

I also understand that it is necessary to provide the correct information, and that a failure to do so may result in payment of the above item(s). The account holder agrees to hold harmless and indemnify the Credit Union for all expenses, costs and damages incurred by payment of the above item(s) if such payment is the result of failure on my part to furnish any item of information (such as check number, amount, etc.) requested above completely, accurately and correctly.

I understand that the following fee will be assessed for implementing this stop payment: $ **25.00**

ACCOUNT HOLDER SIGNATURE **DATE**

CREDIT UNION REPRESENTATIVE (Sign upon receipt) **DATE**

For Credit Union Use

Stop payment requests cannot be placed on items that have already been posted. If an ACH item must be revoked after posting, the member must complete an affidavit for unauthorized transactions.

For ACH items, the member must revoke authorization directly with the originator (debiting company) PRIOR to completing the Stop Payment Request.

For ACH items, the member must complete an affidavit for unauthorized transactions PRIOR to returning the debit, even if a stop payment has been placed.

For all stop payments, it is possible for the item to clear, even if a stop payment has been placed. Advise the member that it is their responsibility to watch their statement, and advice the Credit Union should the item clear.

Exact and complete information regarding the item to be stopped is REQUIRED. Failure to obtain complete information will result in the inability to stop the item.

The Stop Payment Fee is $25 per item. If a series of checks has been lost or stolen, the fee is $25 per series, not per check. Manually debit the fee from the member's account.