



**PART 1 - STOP PAYMENT REQUEST**

(Not applicable for Visa Debit Card transactions)

**Check      EFT/ACH      Oral      Written      Renewal      Bill Pay Check**

Member's Name (Drawn By): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Account Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Payable To: \_\_\_\_\_ Due Date: \_\_\_\_\_

◆ **EFT/ACH only:**

Is this a stop payment for a one-time item or

To stop all future payments to this Company? **If it is to stop all future payments, please sign Part 2 Authorization Revoked Form attached.**

1. I request the Credit Union to stop payment on the item described above. I warrant that the item description, including the date, exact amount, item number and payee are correct. I understand that the EXACT information is necessary for the computer to identify the item. If I give the Credit Union the incorrect amount or other information, the Credit Union will not be responsible for failing to stop payment on the item.
2. **CHECK STOPS:** I understand that an oral Stop Payment Order will lapse within fourteen (14) calendar days unless confirmed in writing. A written Stop Payment Order will be effective for: six (6) months, until payment of the item is stopped, or the Stop Payment Order is released by the member.
3. **EFT STOPS:** I understand that an oral Stop Payment Order will lapse within fourteen (14) calendar days unless confirmed in writing. A written Stop Payment Order will be effective until the earlier of (1) the withdrawal of the stop payment order by the member, or (2) the return of the debit entry, or where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific company, the return of all such debit entries.
4. **NON-CONSUMER (Business) ACCOUNTS:** I understand that an oral Stop Payment order will lapse within fourteen (14) calendar days unless confirmed in writing. A written Stop Payment Order will be effective for: six (6) months unless it is renewed in writing, until payment of the item is stopped or the Stop Payment Order is released by the member.
5. I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, damages or claims related to the Credit Union's action in refusing payment of an item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me.

**AUTHORIZATION FOR STOP PAYMENT REQUEST      Stop Fee:**

\_\_\_\_\_  
Member's Signature      Date      Request Taken By:      Date:

**NOTICE: All Verbal Stop Payment Requests Remain Valid for 14 Days Only, Unless Confirmed In Writing.**

**CANCEL STOP PAYMENT AUTHORIZATION (to be signed in order to remove stop from system)**

\_\_\_\_\_  
Member's Signature      Date  
Request Taken By:      Date:



## PART 2 - AUTHORIZATION REVOKED FORM

I am requesting that all future payments for the following company be stopped. I have signed the stop payment form requesting this.

I have contacted the company submitting the payments and have revoked my authorization with them in the manner that they request (in writing, by phone).

Account Number:

Member Name:

Company/Payable to:

Amount:

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

Request Taken By:

Date: