

STOP PAYMENT REQUEST ORDER

Account Number	Draft Number	Date of Draft/ACH	Draft /ACH Amount	Draft or ACH Payable To	Service Fee
					<input type="checkbox"/> \$35/per item

☐ **Stop Payment for Check – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Members Exchange Credit Union, hereinafter called “the Financial Institution”, to stop payment on the item(s) described above. If the request was received verbally, it will be in effect for 14-days. The stop payment shall remain in effect for 6-months if received in writing. The stop payment order can be renewed when the 6-month period ends by completing a new Stop Payment Request Order.

☐ **Stop One ACH Payment - Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Members Exchange Credit Union, hereinafter called “the Financial Institution”, to stop payment on the item(s) described above. The stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the Receiver; 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 Originator, the return of all such debit entries.

☐ **Stop Payment for Recurring ACH - Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Members Exchange Credit Union, hereinafter called “the Financial Institution”, to stop payment on the item(s) described above.

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, 1) but on _____, 20____, revoked that authorization by notifying _____ (company name) in the manner specified in the authorization.

The stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the Receiver; 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 Originator, the return of all such debit entries.

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney’s fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder agrees that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I further state that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Date Account Holder Signature Print Name

Verbal Stop Payment Request Accepted on _____ by _____

Signed Stop Payment Request Accepted on _____ by _____