

Stop Payment Request

All fields are required. Note: Stop payment Requests are processed only during business hours.

Member is required to inform the Credit Union that a check was converted to an electronic payment.

Member Information

Name	Home Phone ()	Work Phone ()
Mailing Address	Street	City
		State
		Zip
Credit Union Account Number	Reason for stop payment	

Transaction Amount	Originating Company Name	Check Serial Number
<input type="checkbox"/> \$ _____ or <input type="checkbox"/> Any Amount		
		Only applies to check-related debit entries

For pre-authorized entries, three business 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 order is received within three business days of the expected transfer date, we will attempt to satisfy your request, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day period. You also understand that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question.

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

ACH items - Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box below:

- I wish to stop all future payments from this Originator indefinitely
- I wish to stop the next payment only. (Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)
- I wish to stop a series of payments. (Identify the payment dates, or months, of the specific payments from the Originator you wished stopped: _____
_____)

Signature(s)

This form acknowledges my, the account holder's, request to stop payment on pre-authorized electronic fund transfers as indicated above. I further represent that the debit transaction(s) described above 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. **A fee of \$25.00 will be assessed to the account as payment for implementing this order.**

Primary Member's Signature _____	Date	Joint Owner's Signature _____	Date
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DISCLOSURE: This form must be signed and returned to Chattahoochee Federal Credit Union. Thereafter, the process for a draft stop payment request will be initiated and is valid for 180 days. Chattahoochee Federal Credit Union is not liable for share drafts that have already been processed or presented _____ (member initials)

Please select the following:

Draft/Check Preauthorized Electronic Fund Transfer
 Electronic Draft/Check Conversion Transaction

1. **Item Description** - I request the Credit Union to stop payment on the share draft or check (either referred to hereinafter as "item".) Preauthorize Electronic Fund Transfer, or Electronic Draft/Check Conversion Transaction described above. I warrant that the above description, including the date or scheduled transfer date, its exact amount, the item number, and payee are correct. I understand that the EXACT information is necessary for the Credit Union's computer to identify the item, transfer, or conversion transaction. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment. _____(member initials)

2. **Electronic Draft/Check Conversion Transaction** - I understand that if I authorize the conversion of an item to an electronic transaction that it will be presented for payment electronically through automated clearinghouse (ACH) processes. Unless the box for Electronic Draft/Check Conversion Transaction located above is marked, I warrant that the item upon which I am requesting to stop payment is not an Electronic Draft/Check Conversion Transaction. I understand that the Credit Union will not stop payment on an item if it is processed as an Electronic Check/Draft Conversion Transaction and I have not indicated that above. _____(member initials)

3. **Preauthorized Electronic Fund Transfer** - I understand that a request to stop the payment of a Preauthorized Electronic Fund Transfer will only apply to the transfer scheduled for the date noted in the "Date of Item" section. If I wish to stop additional Preauthorized Electronic Fund Transfers, I will submit additional Stop Payment Requests. _____(member initials)

4. **Stop Payment Requests** - I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Request is received by the Credit Union within a reasonable time for the Credit Union to act on my request prior to final payment or similar action or at least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer. I understand that my Stop Payment Request is conditional and subject to the Credit Union's verification that the item has not already been paid or that some other action to pay the item has not been taken. I understand that my Stop Payment Request will be effective as follows: for a written request, a period of (6) six months from the date of this request unless I withdraw this request or renew the request for additional periods, in writing. I also agree to notify the Credit Union promptly upon the issuance of any duplicate item which replaces the item subject to this request or upon return of the original item. I agree to pay the Credit Union a stop payment fee for each request as set forth above. _____(member initials)

5. **Indemnification** - I agree to indemnify and hold the Credit Union Harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the 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. _____(member initials)

6. This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the state where the Credit Union's main office is located, by automated clearinghouse rules and by other local clearinghouse rules. _____(member initials)

I have read the Disclosure and Terms and Conditions above. I agree to these conditions, and hereby authorize Chattahoochee Federal Credit Union to proceed with this Stop Payment Request

_____ **Member Signature**

For Credit Union use only

Instructions Received by: _____ Date: _____ Time: _____

Verbal request load on: _____ by _____
Date Employee Signature

***Verbal stop payment requests remain valid for only 14 days unless confirmed in writing**