

## PO BOX 5198, TALLAHASSEE, FL 32314

## Account Owner's Name:

## **Stop Payment Request**

•	YPE OF TRANSACTION	CHECK #, IF APPLICABLE	DATE OF ITEM/ TRANSFER	AMOUNT	PAYABLE TO	SERVICE FEE	MEMBER NO./ ACCOUNT NO.
	Check						
	Remotely Created Check			\$		\$	Savings
	ACH/EFT						Checking
1.	ITEM DESCRIPTION. I request the Credit Union to stop payment on the check, Remotely Created Check, or ACH/EFT described above. I warrant that the above description, including the date or scheduled transfer date, its exact amount, the check number, if applicable, and payee are correct. I understand that the EXACT information is necessary for the Credit Union's computer to identify the check number, if applicable, 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.						
2.	<b>REMOTELY CREATED CHECK.</b> I understand that if I authorize the conversion of a check to an electronic transaction that it will be presented for payment electronically through automated clearinghouse (ACH) processes. Unless the box for Remotely Created Check located above in the "TYPE OF TRANSACTION" section is marked, I warrant that the item upon which I am requesting to stop payment is not a Remotely Created Check. I understand that the Credit Union will not stop payment on an item if it is processed as a Remotely Created Check and I have not indicated that above.						
3.	<b>ACH/EFT.</b> I understand that a request to stop payment of a single or recurring ACH/EFT will apply to all subsequent transfers, unless I withdraw the request.						
4.	<b>STOP PAYMENT REQUESTS.</b> I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Request is received by the Credit Union:						
	<ol> <li>within a reasonable time for the Credit Union to act on my request prior to final payment or similar action; or</li> <li>at least three (3) business days before the scheduled date of an ACH/EFT.</li> </ol>						
	I understand that my Stop Payment Request is conditional and subject to the Credit Union's verification that the check or ACH/EFT has not already been paid or that some other action to pay the check or ACH/EFT has not been taken. For Remotely Created Checks or ACH/EFTs a written request remains in effect unless I withdraw the request. I also agree to notify the Credit Union promptly upon the issuance of any duplicate check or ACH/EFT which replaces the check or ACH/EFT 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.						
5.	<b>INDEMNIFICATION.</b> 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 check or ACH/EFT including claims of any joint owner, payee, or endorsee, or in failing to stop payment of a check or ACH/EFT as a result of incorrect information provided by me.						
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, to automated clearinghouse rules, to other local clearinghouse rules and to the Electronic Fund Transfers Act, as applicable.						
	Reason:						
<u>x</u>							
Member or Joint Signature Date							
v.							

Date

Staff Signature