

TRI-VALLEY SERVICE FEDERAL CREDIT UNION

STOP PAYMENT REQUEST ORDER

Today's Date _____
Member Number _____
Member Name _____
Payable To _____
Check Serial Number(s) _____

Time _____ **am / pm**
Account Type _____
Expected Clearing Date _____
Transaction Amount \$ _____
ACH Company ID # _____

Stop One ACH Payment – Terms and Conditions

On the terms hereinafter set out, I hereby instruct Tri-Valley Service Federal Credit Union, hereinafter called “the Credit Union”, to stop payment on the above transaction. The stop payment order shall remain in effect indefinitely or 1) until I provide written notice to the Credit Union to revoke the stop payment order or 2) until payment of the entry has been stopped, whichever occurs first.

Stop Payment for Recurring ACH Payment – Terms and Conditions

On the terms hereinafter set out, I hereby instruct Tri-Valley Service Federal Credit Union, hereinafter called “the Credit Union”, to stop payment on the above transaction (s).

I authorized _____ (company name) to originate one or more ACH entries to debit funds from my account listed above, 1) but on _____, 20 ____, I revoked that authorization by notifying _____ (company name) in the manner specified in the original authorization with this merchant

I agree to provide the Credit Union with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If the Credit Union does not receive the required written confirmation within the allowed time, the stop payment order may be declared void and will no longer be binding. *

Stop Payment for Check – Terms and Conditions

On the terms hereinafter set out, I hereby instruct Tri-Valley Service Federal Credit Union, hereinafter called “the Credit Union”, to stop payment on the above transaction. I understand that the stop payment order shall remain in effect for six (6) months.

I agree to provide the Credit Union with written confirmation of the stop payment request with _____ (company name) within 14 calendar days from today's date. If the Credit Union does not receive the required written confirmation within the allowed time, the stop payment order may be declared void and will no longer be binding. *

I understand that a charge of \$ _____ will be assessed to my account listed above as payment for implementing this order.

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

I also understand 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 Credit Union reasonable time to act upon it.

I also understand 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). I agree 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 my failure to meet the time requirements noted above, or if such payment is the result my failure to furnish any item of information requested above completely, accurately and correctly.

I acknowledge receipt of a copy of the Stop Payment Request Order and accept and agree to the terms thereof. 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.

Date Member Signature Print Name

Date Credit Union Representative Print Name

*A “Stop Order” will not release an account holder’s legal and binding contract to pay a merchant, company or Originator. If you believe that there is fraud or unauthorized activity on your account, please contact us immediately.

FOR CREDIT UNION USE ONLY

Verbal Stop Payment Request Accepted on _____ By _____
 Signed Stop Payment Request Recd. on _____ By _____
 Stop Payment Processed on _____ By _____