



Business Stop Payment Request Form - Check and ACH

Stop Payment Type	Request Type
Check/Share Draft/Paper	Verbal
ACH One-Time	Written Request – Original
ACH All Future Payments (6 Months)	Written Request – Renewal <i>(for Check Stop Pay Only)</i>
Revoke Prior Stop Payment Request	

Stop Payment Reason:

Account/Transaction Information

Today's Date: _____ Time: _____ a.m. _____ p.m.

Account No: _____ Business: _____

Account Type: Checking/Share Draft Savings

Scheduled Transaction Date: _____

Check Serial Number(s): _____

(For POP, RCK, ARC, AND BOC ACH Debits, and Check/Share Drafts or Paper Drafts)

Transaction Amount: \$ _____ or _____ Any Amount

Originating Company: _____

Company ID# _____

ACH Trans Type: Debit Credit Both

Has this company been contacted directly to request revocation? Yes No

Authorized Signer _____ Date _____

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- 1. Item Description.** I request that the Credit Union stop payment on the Share Draft or Check (either referred to hereinafter as "Item") described above. I understand that this information is necessary for the Credit Union's computer system to identify the item. If I provide the Credit Union with incorrect information, the Credit Union will not be responsible for failing to stop payment.
- 2. Preauthorized Electronic Funds Transfer.** I understand that a request to stop the payment of a Preauthorized Electronic Funds Transfer will only apply to the transfer described above. If I wish to stop additional Preauthorized Electronic Funds Transfers, I must submit additional Stop Payment Requests.
- 3. Electronic Draft/Check Conversion Transaction.** I understand that if I authorize the conversion of an Item to an electronic transaction, it will be presented for payment electronically through automated clearinghouse (ACH) processes. 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 Conversion Transaction.
- 4. Postdated Items.** If this Request is for a Postdated Item, I hereby request that the Credit Union stop payment on the Item indicated above if presented for payment prior to the date of the Item. This Request is subject to all terms and conditions for Stop Payment Requests.
- 5. Stop Payment Requests for Sharedrafts (Checks).** I agree that the Credit Union will not be responsible for stopping payment unless my Share Draft or Check stop payment request is received by the Credit Union within a reasonable amount of time for the Credit Union to act on my request prior to final payment or similar action. I understand that this 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 this Stop Payment Request will be effective as follows: (1) For a verbal request, a period of fourteen (14) days from the date of this request or (2) for a written request for checks and /or share drafts,, a period of six (6) months from the date of the request unless I withdraw this request or renew this 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.
- 6. Stop Payment Requests for ACH Stop Payments.** To authorize a permanent ACH stop payment, you must, within 14 days of this request, furnish the Credit Union with a written Confirmation of ACH Revocation from the Originating Company listed above. If we do not have a written confirmation of the ACH revocation from the Originating Company, we may not execute a permanent ACH stop payment. A stop payment on a non-consumer entry expires after 6 months unless it is renewed in writing. The following conditions may also expire a stop payment order: 1) the withdrawal of the stop payment order by the receiver; 2) the return of the debit entry to which the stop payment order relates.
- 7. 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.
- 8. This Stop Payment Request** is subject to the Electronic Funds Transfer Act, Regulation E, and the Uniform Commercial Code as adopted by the State of Virginia where the Credit Union's main office is located, by automated clearinghouse rules and by other local clearinghouse rules.
- 9. Fees** may be charged for this Stop Payment Request. Please refer to the Credit Union Fee Schedule.