

# Stop Payment Request



Member Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

for office use only

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Item Type:  Draft/Check Draft # \_\_\_\_\_  EFT/ACH

Date of Item/Transfer: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payable to: \_\_\_\_\_ Service Fee: \$ \_\_\_\_\_

Reason for stop: \_\_\_\_\_ Frequency:  one time  all

## Member Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Disclosures

1. Item Description. I request Superior Credit Union to stop payment on the share draft, check, preauthorized electronic funds transfer (EFT), or ACH draft ("item") described above. I warrant that the item description, including the date or scheduled transfer date, its exact amount, the item number and payee are correct. I understand that the EXACT information on the item is necessary for Superior Credit Union's computer to identify the item. If I give Superior the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the item.

2. Postdated Items. If this notice involves a postdated item, as indicated above, I hereby request the Credit Union to stop payment on the share draft or check if presented prior to the date of the item. My stop payment notice on a postdated item is subject to all other terms and conditions for stop payment orders.

3. Stop Payment Order. I agree Superior Credit Union will not be responsible for stopping payment unless my stop payment order is received by the Credit Union: (1) within a reasonable time for the credit union to act on my order prior to a final payment or similar action; (2) at least five(5) business days before the scheduled date of the preauthorized EFT or ACH draft. I understand that my stop payment request is conditional and subject to Superior'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 order will be effective as follows: I make an oral stop payment order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. A written stop payment order will be effective for six (6) months unless ACH. A written stop payment order may be renewed in writing from time to time. I also agree to notify Superior CU promptly upon the issuance of any duplicate item which replaces the item subject to this order or upon return of the original item. I agree to pay Superior CU a stop payment fee for each request as set forth above.

4. Indemnification. I agree to indemnify and hold harmless all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the CU'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 result of incorrect information provided by me. NOTE: Stop payments are processed only during business hours.

## signatures

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_