



Stop Payment Request Order

Member Name:		Date of Request:	
Member Number/Draft ID:		Time of Request:	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Daytime Phone Number:		Member Verification:	
Share Draft/Paper Draft: <input type="checkbox"/>		ACH/Electronic Check: <input type="checkbox"/>	
Draft Number or Series:		Date of Draft/Expected Date of ACH:	
Payable To/Originating Company:		Amount:	
ACH Only – ODFI R/T Number:		ACH Only – Company ID Number:	
Reason for Stop Payment:			
Reason for Stop Payment:			
Request Verification: <input type="checkbox"/> Oral Request: Must have signature or written letter within 14 days or stop payment will be released Verbal Stop Payment Request Date: _____			
<input type="checkbox"/> Written Request: Share Draft Stop Payments - Automatically expires after six (6) months unless renewed ACH Stop Payments – Will remain in effect until; 1) written notice from member to revoke is received or 2) payment of the entry has been stopped			
<input type="checkbox"/> Stop Payment for Share Draft I am requesting a stop payment on the draft(s) described above. Big Island FCU will not be liable for payment of the draft contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union's liability shall not, in any event, exceed the amount of the draft. I agree to reimburse the Credit Union for any loss it sustains in honoring this request. <i>I understand the stop payment order will cease to be effective six months from the date requested.</i>			
<input type="checkbox"/> Stop Payment for ACH Entries <input type="checkbox"/> One-time: I am requesting a stop payment on the above transaction. I understand that my one-time ACH payment request must be provided to the Credit Union in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry. <input type="checkbox"/> Recurring: I am requesting a stop payment that applies to more than one debit entry relating to a specific authorization involving a specific Originator, listed above. Three (3) 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 (3) business days of the expected transfer date, we will attempt to satisfy your request, but will not be held liable if sufficient time was provided for a pre-authorized transfer that occurs within the three (3) business day period. The member also understands that it is necessary to provide the correct information related to the transaction(s) in question. _____ Member Initials			
A fee of \$ _____ will be assessed to the member as payment for implementing the order.			

In directing Big Island FCU to stop payment on the above transaction(s), I agree to hold harmless the Credit Union against any and all loss, claims, damages, and costs, including court costs and attorney fees that the Credit Union may incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof. I understand that the stop payment request must be received at least three (3) business days before scheduled debit(s) or in time to give us 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 of my failure to furnish an item of information requested above completely, accurately and correctly. I also understand that the Credit Union has no duty to notify me when the stop payment order will or has expired.

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. I certify under penalty of perjury that the foregoing is true and correct.

Date	Member's Signature	Print Name
Date	CU Representative Signature	Print Name

I hereby declare that I wish to revoke this stop payment request order effective:

Date	Member's Signature	Print Name