UNIVERSITY credit union

STOP PAYMENT ORDER

Member Information

Name:	Date:
Account #:	Contact #:

☐ Check/Share Draft - Stop Payment on the Following Check Number(s):

Select one: ○ Lost/Stolen ○ Cancel
○ Single Check ○ Range of Checks

Check Number:	Check Numbers in Range:
Date of Check:	Amount:

☐ Electronic Funds Transfer (EFT)/Automated Clearing House (ACH) – Recurring Pre-Authorized Electronic Fund Transfers

Enter the exact name of the Company as it appears on the account statement and the exact amount of the recurring payment.

Merchant/Company Name:	Transaction Amount:

Please indicate your specific instruction for stopping payment from the Merchant/Company named above by checking the appropriate box.

Select one:
○ I wish to stop all future payments from this Merchant/Company indefinitely.
☐ Check this box if stop request applies to ALL amounts submitted by the Merchant/Company listed above
○ I wish to stop the next payment from this Merchant/Originator only. *(Future entries from this Merchant/Company are to be paid, unless I provide you with an additional stop payment order)*
○ I wish to stop a series of payments from the Merchant/Company as described here:

_____

☐ Request to Remove Previously Placed Stop Payment as Described Above – Member's Signature Required

Do NOT select unless requesting that University Credit Union remove a previously placed stop payment. Details of original Stop Payment required above. Stop Payment above is hereby cancelled

STOP PAYMENT TERMS & CONDITIONS

On the terms hereinafter set out, the undersigned account holder hereby instructs University Credit Union to stop payment on the above transaction(s). By directing University Credit Union to stop payment on the above transaction(s), the account holder agrees to hold University Credit Union harmless against any and all loss, claims, damage and costs, including court costs and attorney's fees, that University 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 renewal thereof.

The stop payment request must be provided to University Credit Union in such a time and in such a manner as to allow University Credit Union reasonable time to act on the request prior to acting on the paper item or ACH/EFT debit entry. For **ACH entries**, three (3) business days advance notice prior to the expected transfer date is recommended to implement the stop payment request. If the stop payment request is received after this time, University Credit Union will attempt to satisfy the request but will not be held liable if sufficient time was not provided. For consumer ACH entries, this stop payment order remains in effect until the earlier of: (a) the withdrawal of the stop payment order by the account holder; or (b) the return of the debit entry (or all related entries, in the case of recurring debits) in accordance with applicable federal regulations and payment network rules.

For **check/share draft** stop payments and non-consumer ACH entries, this stop payment order is effective for twelve (12) months and may be renewed in writing.

The account holder also understands that it is necessary to provide accurate information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question, and that a failure to do so may result in payment of the above item. The account holder agrees to hold harmless and indemnify University Credit Union for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder's failure to furnish complete and accurate information (such as check serial number, amount, etc.).

A fee, as disclosed in the current University Credit Union Fee Schedule, will be assessed for implementing this stop payment request. The account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by the account holder or any person acting in concert with them, and that the signature below is the account holder's own proper signature.

The account holder agrees to the terms and conditions as outlined in the "Membership and Account Agreement" and "Electronic Funds Transfer Agreement and Disclosure", receipt of which is acknowledged by the account holder's signature below.

Member's Signature:_____ Date:_____

Verbal Request – Verbal Requests are only valid for fourteen (14) calendar days from the date of the request. To keep the stop payment in effect beyond that period, this signed Stop Payment Order must be received by University Credit Union within those fourteen (14) days. For consumer ACH debits, once confirmed in writing, the stop payment remains in effect until withdrawn or the debit is returned.

Completed forms may be walked into any advisory center or submitted to our Payments Department via Fax to: 424-320-4716, email to CardServices@ucu.org, or mailed to 1500 S. Sepulveda Blvd. Los Angeles, CA 90025

Credit Union Use Only

Received by: Teller#_____ Date: _____ Fee: _____ Processed by#_____ Company ID (ACH only):_____