



STOP PAYMENT REQUEST

Member Name:	Date of Request:
Member #:	Daytime Phone #:
Payable To:	Amount:
Date Issued/Requested:	Last Presented Date:
Reason for Stop Payment:	

- Share Draft** Check #(s) _____
- Paylt Bill Payment** SSFCU may only stop payment on a Paylt item if that item is processed via paper entry (check). Stop payment requests for Bill Payer (paper items only) transactions that are received after 1:00pm Monday to Friday will only be processed the following business day. *Refer to Interact Web MSR Instructions on how to obtain the following information:*
Check #(s) _____

For Share Draft and Paylt Bill Payment Items: In asking this courtesy the undersigned agrees to hold SSFCU harmless for said amount and for all expenses and costs incurred by it on account of refusing payment of said check, and further agrees not to hold SSFCU liable on account of payment contrary to this request if made through inadvertence or accident. Please verify the dollar amount written above and notify us immediately if incorrect. If a duplicate check is issued or if the original check is returned, the undersigned agrees to notify this institution promptly. Uniform code provides that a written stop payment order is binding upon an institution for only 6 months unless renewed in writing.

Member Initials: _____

- ACH Electronic Item** Locate the Originating Co ID on the ACH/NSF History Screen (if item has been presented previously): _____
Please indicate your specific choice for stopping payment from the Originating Company named above:
- I wish to stop the next payment only - (Future entries from this Originator are to be paid, unless I provide SSFCU with an additional stop payment order)
 - I wish to stop a series of Payments - Identify the payment dates, or months, of the specific payments from the Originator you wish to stop: _____
 - I wish to stop all future payments to this Originator – If you have not already done so, you should also contact the Originator directly to request future payments to be stopped.

For ACH electronic items: In asking this courtesy the undersigned agrees to hold SSFCU harmless for said amount and for all expenses and costs incurred by it on account of refusing payment of said check, and further agrees not to hold SSFCU liable on account of payment contrary to this request if made through inadvertence or accident. Please verify the dollar amount written above and notify us immediately if incorrect. For pre-authorized entries, a stop payment request must be received 3 business days or more before the next scheduled ACH transfer payment or request. For all non-recurring ACH payments, a stop payment request must be provided in a timeframe that allows reasonable opportunity for SSFCU to hone the request prior to finalizing the ACH entry. Stops are searched by amount and/or payee (only if the same item has been paid before). If an item is presented and does not exactly match the information you provide on this form it may be paid or returned and I agree not to hold SSFCU liable. I, the credit union member, further represents that the ACH debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me.

Member Initials: _____

Fee Information: There is a **\$18.00** fee for this stop payment. A Stop Payment Fee will apply to each Stop Payment Request that is processed. The fee will be charged to the Share Draft or Regular Share depending on which account the stop is placed on.

Member Initials: _____

Written Requirement: If you notify the credit union by telephone, you must also complete and sign the written form and return it to the credit union within 14 days or the Stop Payment Order will no longer be valid.

Member Signature: _____ Date: _____

STOP PAYMENT RELEASE

I hereby release the Stop Payment Request described above. *(Release must be signed by the same authorizing member of original Stop Payment Request).*

Member Signature: _____ Date: _____

Request Received: ____/____/_____ <input type="checkbox"/> Branch <input type="checkbox"/> Mail <input type="checkbox"/> Telephone Disclosed written order due to credit union by: ____/____/_____ 	Request Processed: ____/____/_____ By: _____ PayIT ONLY: Fee Charged (TE) CAN# _____ By: _____ Cancelled Date: ____/____/_____ Cancellation Reason: <input type="checkbox"/> Written request not received <input type="checkbox"/> Stop Release
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