



Stop Payment Request: ACH and Checks

1. Payment Information:

Account Holder Name: _____

Date of Request: _____ Your Account Number: _____

Payee/Originator: _____

Check/ACH Debit Date: _____ Check Number (if applicable): _____

Check/ACH Amount: \$ _____ Stop Payment Fee: \$ 31.00

Type of Transaction: ACH/Electronic Check Check

2. Payment Cancellation:

For check or ACH debit: I would like the above payment stopped one time. The signed stop payment order will remain in effect for six months on a check, or until the ACH debit entry is returned, or until the stop payment order is withdrawn.

For consumer only: I would like the stop payment to remain in effect until the return of the debit, or where the stop applies to more than one debit entry relating to a specific authorization involving a specific Originator, the return of all such debit entries.

For business/non-consumer only: I would like to stop payment on the ACH debit to the Originator listed above. I understand the signed ACH stop payment will remain in effect for six months. If I wish to extend the stop payment I understand I must renew it in writing.

3. Stop Payment Terms and Conditions:

I/we, the owner(s) of the account number listed above, instruct CASE Credit Union to stop payment on the above transaction(s). I/we understand that if the stop payment is on a check, this stop payment order will expire in six months. If I/we wish to extend the stop payment, I/we understand I/we must renew it in writing. I/we understand that placing a stop payment on an ACH debit does not cancel my authorization with the Originator. I/we understand that, by placing this stop payment request on the transaction(s) listed above that I agree to hold CASE Credit Union harmless against any and all loss, claims, damages and costs, including court costs and attorney's fees that CASE 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 the expiration thereof. I/we understand a stop payment order must be received by CASE Credit Union in time to allow CASE Credit Union a reasonable opportunity to act on it prior to acting on the debit entry; for pre-authorized ACH debit transactions, CASE Credit Union may require a minimum of three banking days notice to the scheduled date of the transfer. To be effective, the stop payment order must sufficiently identify the payment. If this stop payment order is accepted orally and I am given notice that a signed confirmation is required, the signed confirmation must be received within fourteen (14) days of the initial oral order. Properly signed stop payment orders are effective for the period described above for the check or ACH debit(s) described above. By signing below I/we agree to all terms and conditions, of this Stop Payment Order.

Your Signature: _____ Date: _____

THE BELOW INFORMATION IS FOR CASE CREDIT UNION USE ONLY

Verbal Request Received - Date: _____ Time: _____ By: _____

Written Request Received - Date: _____ Time: _____ By: _____

