



STOP PAYMENT REQUEST: ACH AND CHECKS

Payment Information

Date of Request Account Holder Name Account Number

Payee/Originator Check/ACH Debit Date Check Number (if applicable)

\$ _____ Stop Payment Fee **\$31** Type of Transaction
Check/ACH Amount ☐ ACH/Electronic Check ☐ Check

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in effect for six months on a check, or until the ACH debit entry is returned, or until the stop payment order is withdrawn.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 you wish to extend the stop payment, I understand I must renew it in writing.

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 the 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 transaction, 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 INFORMATION BELOW IS FOR CASE CREDIT UNION USE ONLY

Verbal Request Received

Date Time By

Written Request Received

Date Time By

RETURN YOUR COMPLETED STOP PAYMENT REQUEST FORM TO CASE CU:

Mail: Contact Center Specialist, CASE Credit Union, PO Box 22158, Lansing, MI 48910
In Person: Bring your completed form to any of our branch locations
Fax: 517.367.1100
Email: ContactCenter@CASECU.org