



## STOP PAYMENT REQUEST

### Member Information:

Name: \_\_\_\_\_ Member #: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: (Mobile) \_\_\_\_\_ (Alternate) \_\_\_\_\_

### Stop Payment Type:

**ACH**

ACH Originator/Company Name: \_\_\_\_\_  
(or type 'ALL' to stop all ACH debits)

Exact Dollar Amount of Item: \_\_\_\_\_ Reason \_\_\_\_\_  
(or type 'ALL' to stop all ACH debit amounts)

#### Please select one:

Stop One Payment Only

Stop All Future Payments

**Check (Share Draft)**

Single Check

Range of Checks

Check Number: \_\_\_\_\_

Beginning # \_\_\_\_\_ Ending # \_\_\_\_\_

Payee: \_\_\_\_\_

Reason: \_\_\_\_\_

Date of Check: \_\_\_\_\_

Amount: \_\_\_\_\_

Reason: \_\_\_\_\_

### Stop Payment Cancellation Request

Please describe above and sign and date here.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STOP PAYMENT TERMS & CONDITIONS

On the terms hereinafter set out, the undersigned account holder hereby instructs CommonWealth One Federal Credit Union, hereinafter called "COFCU", to stop payment on the above transaction. The stop payment shall remain in effect until the earlier of a) written notice is received from the account holder to revoke the stop payment request b) 6 months for checks/share drafts or c) the return of the ACH entry, or where a stop payment order is applied to more than one ACH entry under a specific authorization involving a specific ACH Originator / Company; the return of all such ACH debit entries. By directing COFCU to stop payment on the above transaction, the account holder agrees to hold COFCU harmless against any and all loss, claims, damages and costs, including court costs and attorney's fees, that COFCU may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions. The stop payment request must be provided to COFCU in such a time and in such a manner as to allow COFCU reasonable time to act on the request prior to acting on the paper item or ACH debit entry. Three 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 request is received after the aforementioned dates, COFCU will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided. The account holder also understands that it is necessary to provide the correct information, and that a failure to do so may result in payment of the above item. The account holder agrees to hold harmless and indemnify COFCU 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 to furnish any item of information (such as check serial number, amount, etc.) requested above completely, accurately and correctly. As disclosed in our current COFCU Fee Schedule, a **Stop Payment Fee of \$30.00** will be assessed to the account holder as payment for implementing this stop payment request.

**SIGNATURE** – Please sign below certifying that the above information is correct and that you have read and understand the disclosure above.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Date & Time Received:

Employee Signature: