

Stop Payment Request

Account and Transaction Information

Today's Date _____	Name on Account _____
Account Number _____	Telephone number _____
Transaction Amount _____	Account Type _____
Check Serial Number _____ (Required for POP, ARC, BOC and RCK Debits)	Payable To _____
Fee Charged (initial) _____	Expected Clearing Date _____

Terms and Conditions

I request that White Crown Federal Credit Union stop payment one time for the transaction described above. The stop payment order shall remain in effect until written notice is received from the account holder to revoke the stop payment, or until payment of the entry has been stopped, whichever occurs first.

I request that White Crown Federal Credit Union stop payment on all further ACH transactions described above. The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from my account, but on _____, I revoked that authorization by notifying the company in the manner specified in the authorization.

A charge of **\$29.00** will be assessed to the account holder as payment for implementing this order.

The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give White Crown Federal Credit Union reasonable time to act upon it. The account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that White Crown Federal Credit Union may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify White Crown Federal Credit Union for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I further attest that the debit transaction above was not originated with fraudulent intent by me or any person acting in concert with me. I have read the statement in its entirety, and attest that the information provided on this statement is true and correct.

Signature: _____ Date: _____, 20_____
(Member)

Verbal Stop Payment Request Accepted on _____ **by** _____
Verbal Stop Payment Expires On (following day) _____
Signed Stop Payment Request Received on _____ **by** _____