



**STOP PAYMENT REQUEST
POSTDATED ITEM NOTICE**

TYPE OF TRANSACTION	POST-DATED ITEM NUMBER	POST-DATED ITEM DATE	AMOUNT	PAYABLE TO	SERVICE NO.	POSTAL ADDRESS
☐ Cash Check ☐ Electronic Cash Check Debit/Debit Transaction ☐ Single Postdated Debit/Debit Fund Transfer ☐ Recurring Postdated Debit/Debit Fund Transfer		☐ Postdated Item	\$		\$	

1. **FROM INFORMATION:** I request the Credit Union to stop payment on the above cash or check item issued to Beneficiary on [DATE], Postdated Debit/Debit Fund Transfer (DFT), or Debit/Debit Transaction Transaction described above. I warrant that the above description, including the date or scheduled transfer date, the exact amount, the item number, and serial are correct. I understand that the STOP INFORMATION is necessary for the Credit Union's computer to identify the item, transfer, or payment transaction. If you, the Credit Union, the payment account, or any other financial institution, the Credit Union will not be responsible for failing to stop payment.

2. **ELECTRONIC DEBIT/DEBIT TRANSACTION:** I understand that I authorize the collection of an item to an electronic transaction that it will be presented for payment electronically through automatic clearinghouse (ACH) process. From the time the Electronic Debit/Debit Transaction Transaction posted above in the "TYPE OF TRANSACTION" section is received, I warrant that the item goes, which I am requesting to stop payment is not an Electronic Debit/Debit Transaction Transaction. I understand that the Credit Union will not stop payment on an item if it is presented as an Electronic Debit/Debit Transaction Transaction and that has indicated that above.

3. **POSTDATED DEBIT/DEBIT FUND TRANSFER:** I understand that I request to stop the payment of a cash Postdated Debit/Debit Fund Transfer DFT only after the transfer account date. If I wish to stop recurring Postdated Debit/Debit Fund Transfer, each request will apply to all subsequent transfers, which I authorize the request.

4. **POSTDATED ITEMS:** If this is a Postdated Item Notice on indicated above, I hereby request the Credit Union to stop payment on the item indicated above. I guarantee the payment prior to the date of the item. The Postdated Item Notice is subject to all terms and conditions for Stop Payment Request.

5. **STOP PAYMENT REQUEST:** I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Request is received by the Credit Union.

- I authorize a representative (you) for the Credit Union to act on my request prior to final payment or service action of
- if [NAME] (you) is [NAME] then [NAME] the authorized agent of a Postdated Debit/Debit Fund Transfer.

I understand that my Stop Payment Request is conditional and subject to the Credit Union's confirmation that the item has not already been paid or that some other action to pay the item has not been taken. I further understand that my Stop Payment Request will be subject to the following conditions: (a) an order stop payment request (if generated by the Credit Union) is effective for a period of 14 days from the date of this request; (b) for items dated or dated, a written request is effective for a period of 14 days from the date of this request unless I authorize this request to expire; (c) the expiration of written request period; and (d) the Electronic Debit/Debit Transaction Transaction or Postdated Debit/Debit Fund Transfer a written request expires a short time I withdraw the request. I also agree to notify the Credit Union promptly upon the receipt of any notification from which appears the item subject to this request is paid or return of the original item. I agree to pay the Credit Union a stop payment fee for each request as set forth above.

6. **RESPONSIBILITY:** I agree to indemnify and hold the Credit Union harmless from all claims, including attorney's fees, for the extent permitted by law, damage or claims related to the Credit Union's action in making payment of the item, including claims of any past service, action, or omission, or in failing to stop payment as set forth as a result of incorrect information provided by me.

7. The Stop Payment Request is subject to the Uniform Computer Code as adopted by the state where the Credit Union's main office is located, to automatic clearinghouse rules or other local clearinghouse rules and to the Electronic Fund Transfer Act, as applicable.

PLEASE PRINT OR TYPE THE FOLLOWING:

- ☐ Stop Request: (If possible, indicate when item is due.)
- ☐ Written Request: (Indicate when item is due, the date, serial, or date of the item.)
- ☐ Request of Written Request: (Indicate when item is due, the date, serial, or date of the item.)

Date of Item Request:

Time Request:

1. Customer Signature _____ Date _____

2. Customer Signature _____ Date _____

3. Staff Signature _____ Date _____

ACCOUNT CLOSING REQUEST MADE AND RECEIVED