

# NORTHEAST FAMILY FEDERAL CREDIT UNION

## STOP PAYMENT REQUEST ORDER

Today's Date \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Payable To \_\_\_\_\_  
 Check(s) Serial No. \_\_\_\_\_

Time \_\_\_\_\_ a.m./p.m. Contact me at: \_\_\_\_\_  
 Account Type \_\_\_\_\_ Consumer \_\_\_\_\_ Business \_\_\_\_\_  
 Expected Clearing Date for ACH \_\_\_\_\_  
 Transaction Amount \$ \_\_\_\_\_  
 Date Check(s) Written \_\_\_\_\_  
 Reason for Stop Payment \_\_\_\_\_

**\_\_\_ Stop One ACH Payment (Consumer) – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Northeast Family Federal Credit Union to stop payment on the above transaction. The stop payment order shall remain in effect 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until payment of the entry has been stopped, whichever occurs first.

**\_\_\_ Stop Payment for Recurring ACH Entries (Consumer) – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Northeast Family Federal Credit Union to stop payment on the above transaction(s). The stop payment order shall remain in effect 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until payment of all entries related to this request have been stopped, whichever occurs first.

The account holder authorized \_\_\_\_\_ (company name) to originate one or more ACH entries to debit funds from the above account, 1) but on \_\_\_\_\_ (date), revoked that authorization by notifying \_\_\_\_\_ (company name) in the manner specified in the authorization; or 2) will be notifying \_\_\_\_\_ (company name) on \_\_\_\_\_ (date) in the manner specified in the authorization.

**\_\_\_ Stop One ACH Payment (Corporate) – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Northeast Family Federal Credit Union to stop payment on the above transaction. The stop payment order shall remain in effect for six months unless renewed in writing.

**\_\_\_ Stop Payment for Check – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Northeast Family Federal Credit Union to stop payment on the above transaction. The stop payment order shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$ \_\_\_\_\_

By directing Northeast Family Federal Credit Union to stop payment on the above transaction(s), the account holder agrees to hold Northeast Family Federal Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that Northeast Family 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 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 Northeast Family Federal Credit Union reasonable time to act upon it.

**The account holder agrees to provide Northeast Family Federal Credit Union with signed confirmation of the stop payment order within 14 calendar days after a verbal request. If Northeast Family Federal Credit Union does not receive the required signed confirmation, then it will honor subsequent debits to the account.**

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 Northeast Family 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 attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Date:	_____ Account Holder Signature	_____ Print Name
Date:	_____ Credit Union Representative Signature	_____ Print Name

**FOR CREDIT UNION USE ONLY**

Verbal Stop Payment Request Accepted on \_\_\_\_\_ by \_\_\_\_\_ Entered by: \_\_\_\_\_  
 Signed Stop Payment Request Form Received on \_\_\_\_\_ by \_\_\_\_\_