



Stop Payment Request

Today's Date: _____ Time: _____ A.M. P.M.
 Member Name: _____ Phone Number: _____
 Member Number: _____ Share Draft ID Number: _____
 Account Type: Checking/Share Draft Savings/Share
 Has this transaction cleared or attempted to clear your account in the past? Yes No
 If Yes, Date: _____ Reason for Stop Payment: _____

Check/Share Drafts and Paper Drafts: Check Serial Number(s): _____
 Payable To: _____ Check Amount: _____
 Expected Clearing Date: _____ Did you sign or authorize this item? Yes No

ACH or Electronic Transactions: Company ID#: _____ OFI R/T #: _____
 Company Name: _____ Phone #: _____

Expected Clearing Date: _____ Transaction Amount: _____
 Stop Payment Type: Request for Revocation One Time. Void this request on _____

Visa Debit Card Preauthorized Payment: Debit Card Number: _____
 Merchant Name: _____ Expected Clearing Date: _____

Transaction Amount: _____ * Leave amount blank to stop all debit card payments to a specified merchant.

Stop Payment Terms & Conditions:

If you stop payment on an item (check/share draft), electronic/preauthorized/ACH fund transfer or VISA debit card transaction out of your account and we incur any losses, damages or expenses because of the stop payment, you agree to indemnify us for those losses, damages or expenses, including court costs and attorneys' fees. By directing the Credit Union to stop payment, you agree to hold the Credit Union harmless against any and all claims. You assign to us all rights against the payee or any other holder of the **item/transaction authorization**. You agree to cooperate with us in any legal actions that we may take against such **merchant or payee**. You should be aware that **the merchant or payee** may be entitled to enforce payment against you despite the stop-payment order.

You understand that it is necessary to provide us with the correct information to stop an **item or transaction**, and that a failure to do so may result in payment of the **item or transaction**. You agree to hold harmless and indemnify the Credit Union for all expenses, costs and damages incurred by payment of the **item or transaction** if such payment is the result of failure on your part to furnish the proper information completely, accurately, correctly and within reasonable time for checks/share drafts or within up to three Business days before the scheduled date of the transfer.

You also agree to hold harmless and indemnify the Credit Union for all expenses, costs and damages incurred by payment of the **item or transaction** if such payment is the result of any discrepancies between the information received by the credit union on a stop payment request and the actual information received in the payment order/transaction details. A new stop payment request will be necessary if a merchant or payee modifies the payment order or transaction details.

Each stop payment request will incur in a fee, which will be assessed to your account as payment for implementing stop payment requests. Please, refer to the current schedule of fees and charges to verify the current fee amount. Such fee is not refundable, even if you later decide to cancel or void the stop payment order/request.

CHECKS & SHARE DRAFTS: You must make any stop-payment order in the manner required by law and we must receive it in time to give us a reasonable opportunity to act on it before our stop payment cutoff time. Because stop-payment orders are handled by computers, to be effective, your stop-payment order must precisely identify the number, date, and amount of the item, the payee, and your signature. You may stop payment on any item drawn on your account whether you sign the item or not.

Generally, if your stop-payment order is given to us in writing it is effective for six months. Your order will lapse after that time if you do not renew the order in writing before the end of the six-month period. If the original stop-payment order was verbal your stop-payment order will lapse after 14 calendar days if you do not confirm your order in writing within that time period. We are not obligated to notify you when a stop-payment order expires. A release of the stop-payment request may be made only by the person who initiated the stop-payment order.

You understand that a check or share draft may be presented as an electronic funds transfer or ACH by the payee or merchant if you completed a transaction with the merchant after being told (verbally or by a notice posted or sent to you) of such conversion or if you signed a written authorization. Herein you authorize the Credit Union to replicate share draft stop payments in the form of an ACH/electronic check stop payment as the Credit Union may see necessary to avoid any Credit Union losses.

Our stop-payment cutoff time for checks/share drafts is one hour after the opening of the next banking day after the banking day on which we receive the item. Additional limitations on our obligation to stop payment are provided by law (e.g., we paid the item in cash or we certified the item).

ELECTRONIC/PREAUTHORIZED/ACH TRANSFERS, OR VISA DEBIT CARD TRANSACTIONS: If you have arranged in advance to make regular electronic/preauthorized/ACH fund transfers or VISA debit card transactions out of your account(s) for money you owe others, you may stop payment of preauthorized transfers from your account. We may accept an order to stop payment on any item from anyone of you. A release of the stop-payment request may be made only by the person who initiated the stop-payment order.

You must notify us orally or in writing at any time up to three Business days before the scheduled date of the electronic transfer or ACH Debit Items (ARC, BOC, CCD, CIE, CTX, IAT, POP, PPD, RCK, TEL, TRC/TRX, WEB, or XCK) and Visa Debit Card (POS, SHR, MTE, etc.). We may require written confirmation of the stop payment order to be made within 14 days of any verbal notification. If we do not receive the written confirmation, the verbal stop payment order shall cease to be binding 14 days after it has been made.

If the stop payment request is received after the aforementioned dates, the Credit Union will attempt to satisfy your request, but will not be held liable if sufficient time was not provided. On pre-authorized recurring Visa transactions, we highly recommend you give us as much as 10 days advance notice prior to the expected transfer date of the debit entry.

Please note:

1. Account holders (consumers) must revoke authorization directly with the originator (merchant) PRIOR to the stop payment request.
2. Account holders (consumers) must complete an affidavit for unauthorized transactions PRIOR to returning a debit.
3. If Account holder checked "Request for Revocation" in the Stop Payment Type field, a written request will be required to void this stop payment request, and if applicable, authorize the transaction described above to clear the account.
4. If Account holder checked "One Time" in the Stop Payment Type field, this Stop Payment Request will expire on the date specified or six months from the date it was received by the credit union.

By signing below, I authorize B.O.N.D. Community Federal Credit Union to process this stop payment request and accept the terms and conditions described above.

Account Holder's Signature

Date

B.O.N.D. Officer

Date and Time Processed