

STOP PAYMENT REQUEST ORDER

TODAYS DATE:	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	ACCOUNT TYPE: <input type="checkbox"/> CONSUMER <input type="checkbox"/> CORPORATE
ACCOUNT NAME:		CONTACT PHONE NUMBER:
PAYABLE TO:	TRANSACTION AMOUNT:	
EXPECTED CLEARING DATE OF ITEM(S):	REASON FOR STOP PAYMENT:	
ACCOUNT NUMBER:	CHECK SERIAL NUMBER(S):	DATE CHECK(S) WRITTEN:

TERMS AND CONDITIONS: On the terms hereinafter set out, the undersigned account holder hereby instructs Directions Credit Union to stop payment on the below transactions(s).

☐ **ONE ACH PAYMENT (CONSUMER ACCOUNT)**

The stop payment order shall remain in effect until the earlier of:

1. Written notice being received from the account holder to revoke the stop payment order; or
2. The return of the debit entry.

☐ **REOCCURING ACH PAYMENT (CONSUMER ACCOUNT) – Recurring PPD, TEL, WEB or IAT ONLY**

The account holder authorized _____ (company name), herein after called “the Company,” to originate one or more ACH entries to debit funds from the above account.

- A. On _____ (date), the account holder revoked that authorization by notifying the Company in the manner specified in the authorization; or
- B. The account holder will be notifying the Company on _____ (date), in the manner specified in the authorization.

The stop payment order shall remain in effect until the earlier of:

1. Written notice being received from the account holder to revoke the stop payment order; or
2. The return of the debit entry.

☐ **ACH PAYMENT (CORPORATE ACCOUNT)**

The stop payment order shall remain in effect until the earlier of:

1. Written notice being received from the account holder to revoke the stop payment order;
2. The return of the debit entry(ies); or
3. Six months from the date of the stop payment order.

☐ **CHECK**

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 Directions Credit Union to stop payment on the above transaction(s), the account holder agrees to hold Directions Credit Union harmless against any and all loss, claims, damages, and costs. Including court costs and attorney's fees, that Directions Credit Union may suffer or incur be 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 Directions Credit Union reasonable time to act upon it. 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 Directions 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 of the 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.

ACCOUNT HOLDER SIGNATURE / AUTHENTICATION:	PRINT NAME:	DATE:
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☐ I (account holder) release Directions Credit Union for its obligation to stop payment on the above transaction(s).

ACCOUNT HOLDER SIGNATURE / AUTHENTICATION:	PRINT NAME:	DATE:
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FOR INTERNAL CREDIT UNION USE ONLY

VERBAL STOP PAYMENT REQUEST ACCEPTED ON:	BY:
SIGNED STOP PAYMENT REQUEST ACCEPTED ON:	BY:
WRITTEN CONFIRMATION OF REVOCATION RECEIVED ON:	BY: