

Oswego Teachers EFCU
STOP PAYMENT REQUEST: ACH and CHECKS

Date of Request _____ **Account Number** _____

Member Name _____

Payee/Originator: _____

Check Number _____ **Amount:** _____

Item Date _____ **Stop Payment Fee** _____

Reason for Stop Payment: _____

Type of Transaction ACH/Electronic Check Check/Share Draft Paper Draft

I would like the above payment stopped one time.

The ACH stop payment will remain in effect (1) for six months from the date of the stop payment order, (2) until one payment of the debit entry has been stopped, or (3) until the Receiver withdraws the stop payment order, whichever occurs earliest.

I would like to stop payment on the above mentioned transaction and all subsequent payments matching this criteria.

I understand that this stop payment order applies to the specific criteria listed above and is effective for a period of six months. I understand to prevent payments from posting to my account after the expiration of this stop payment order I must (1) revoke the authorization with this company in the manner specified in the authorization or (2) renew this stop payment order.

Stop Payment Terms and Conditions:

I (the owner of the account number listed above) hereby instruct (financial institution) to stop payment on the above transaction(s). It is my understanding that this stop payment order will expire no later than six months from the date of the stop payment order. I understand that I may renew this request when the six-month period ends by completing a new Stop Payment Request Order. I understand that placing a stop payment order on a recurring ACH transaction will not cancel my authorization with the merchant.

It is understood that by placing this Stop Payment Request on the transaction(s) listed above that the account holder agrees to hold the financial institution harmless against any and all loss, claims, damages, and costs, including costs and attorney's fees, that the financial institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

Timing of Stop Payment Order:

I understand a stop payment order must be received in time to allow the institution a reasonable opportunity to act on it prior to acting on the debit entry and for some ACH debits, the order must be received at least three banking days prior to the scheduled date of the transfer. To be effective, the stop payment order must also sufficiently identify the payment. If the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order. Properly signed Stop Payment Orders are effective for 6 months after the date received and will automatically expire after that period unless renewed in writing. With respect to ACH debits, the institution and the undersigned agree to abide by the ACH Rules and Regulations regarding Stop Payment Orders.

Authorized Signature _____ **Date** _____