

STOP PAYMENT REQUEST: ACH and CHECKS

Date of Request _____ Account Number _____

Accountholder Name _____

Payee/Originator _____

Check/ACH Debit Date _____ Check Number (if applicable) _____

Amount \$ _____ Stop Payment Fee \$ _____

Reason for Stop Payment _____

Type of Transaction: ACH/Electronic Check Check

- For check or ACH debit:** I would like the above payment stopped one time.
The signed stop payment order will remain in effect for **six months on a check, or until the ACH debit entry is returned**, or until the stop payment order is withdrawn.

- For consumer only:** I would like to **permanently** stop payment on all ACH debits to the Originator listed above.
The stop payment order will remain in effect until the stop payment order is withdrawn or, where this order applies to more than one debit entry relating to the specific Originator identified above, the return of all such debit entries.

- For business/non-consumer only:** I would like to stop payment on the ACH debit to the Originator listed above.
I understand **the signed ACH stop payment will remain in effect for six months**. If I wish to extend the stop payment I understand I must renew it in writing.

Stop Payment Terms and Conditions

I/we, the owner(s) of the account number listed above, instruct 4Front Credit Union to stop payment on the above transaction(s). I/we understand that if the stop payment is on a check, this stop payment order will expire in six months. If I/we wish to extend the stop payment, I/we understand I/we must renew it in writing. I/we understand that placing a stop payment on an ACH debit does not cancel my authorization with the Originator.

I/we understand that, by placing this stop payment request on the transaction(s) listed above that I agree to hold 4Front Credit Union harmless against any and all loss, claims, damages and costs, including court costs and attorney's fees that 4Front Credit Union may suffer or incur by reason of non-payment of the above transaction(s) if presented prior to withdrawal of these instructions, or the expiration thereof.

Timing of Stop Payment Order

I/we understand a stop payment order must be received by [the Financial Institution] in time to allow 4Front Credit Union a reasonable opportunity to act on it prior to acting on the debit entry; for pre-authorized ACH debit transactions, [the Financial Institution] may require a minimum of three banking days notice prior to the scheduled date of the transfer. To be effective, the stop payment order must sufficiently identify the payment. If this stop payment order is accepted orally and I am given notice that a signed confirmation is required, the signed confirmation must be received within fourteen (14) days of the initial oral order. Properly signed stop payment orders are effective for the period described above for the check or ACH debit(s) described above. By signing below I/we agree to all terms and conditions, of this Stop Payment Order.

I am an authorized signer or otherwise have authority to act on the account identified in this statement.

Authorized Signature _____ **Date** _____

Cancellation of Stop Payment Order

Date _____ Time _____ Authorized Signature _____

For 4Front Credit Union use only

Verbal Request received	Date _____	Time _____	By _____
Written Request received	Date _____	Time _____	By _____