



RelyOn Credit Union Use Only	
MSR _____	Date _____

- One Time
- Permanent

ACH Stop Payment Request

Type of Transaction	Item Number	Date of Item/Transfer	Amount	Payable To	Service Fee	Member No./Account Number
<input type="checkbox"/> Preauthorized Electronic Funds Transfer	N/A				\$35	

Item Description. I request the credit union to stop payment on a Preauthorized Electronic Funds Transfer (referred to hereinafter as "item"). I warrant that the above description, including the date or scheduled transfer date, its exact amount, and payee are correct. I understand that the EXACT information is necessary for the credit union's system to identify the item. If I give the credit union the incorrect amount or any other incorrect information, the credit union will not be responsible for failing to stop payment.

2. Preauthorized Electronic Funds Transfer. I understand that a request to stop the payment of a Preauthorized Electronic Funds Transfer will only apply to the transfer scheduled for the date noted above, under the "DATE OF ITEM/TRANSFER" section. If I wish to stop additional Preauthorized Electronic Funds Transfers, I will submit additional stop payment requests or mark permanently.

3. Stop Payment Requests. I agree that the credit union will not be responsible for stopping payment unless my Stop Payment Request is received by the credit union: within a reasonable time for the credit union to act on my request prior to final payment or similar action.

I understand that my Stop Payment Request is conditional and subject to the credit union's verification that the item has not already been paid or that some other action to pay the item has not been taken.

I understand that my Stop Payment Request will be effective as follows: A stop payment order will remain in effect until the earlier of

- (1) the return of the debit entry (one time stop only).
- (2) or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Originator, the return of all such debit entries (permanent stop only).
- (3) or, the withdrawal of the stop payment order.

I also agree to notify the credit union promptly upon the issuance of any duplicate item which replaces the item subject to this request or upon return of the original item. I agree to pay the credit union a stop payment fee for each request as set forth above.

4. Indemnification. I agree to indemnify and hold the credit union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the credit union's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me.

5. Uniform Commercial Code. This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the state where the credit union's main office is located, by automated clearinghouse rules and by other local clearinghouse rules.

I understand that the originator of the entry may try again; bypassing system controls by making changes to entry details or amounts. I agree to monitor my account and notify you immediately if another payment posts improperly.

Member Signature Date

Member Printed Name Date