STOP PAYMENT REQUEST ORDER FOR CHECKS AND ACH ENTRIES

Financial Institution Name: St. Joseph's Hospital FCU ("the Financial Institution")

On the terms and conditions set out below, the undersigned account holder hereby instructs the Financial Institution to stop payment on the transaction(s) indicated below:

☐ ACH/ELECTRONIC CHECK ☐ CHECK/SHARE DRAFT/PAPER DRAFT ☐ Written Request (Original) ☐ Renewal ☐ Verbal Request

Today's Date: _____ Time: _____ ☐ a.m. ☐ p.m.

Account No.: _____ Account Type: ☐ Checking/Share Draft ☐ Savings/Share

Account Name: _____

Expected Clearing Date(s): _____

Payable To/Originator: _____ Amount: _____

Check Serial Number(s): _____

For POP, RCK, ARC, and BOC ACH Debits, and Check/Share Drafts or Paper Drafts

Reason for Stop Payment: _____

☐ **Stop Single Entry** ☐ **Stop Multiple Entries** ☐ **Stop All Future Debits Under a Specific Authorization***

*If this stop payment order instructs the Financial Institution to stop all future payments pursuant to a specific authorization involving a specific Originating Company, account holder should initial here to indicate that they have contacted the Company to revoke the authorization. Account holder agrees to provide a copy of the revocation of authorization to the Financial Institution upon request.

_____
Initials

A fee of $_____ will be assessed to the account holder as payment for implementing this order.

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS BELOW. I FURTHER DEPOSE AND SAY THAT THE TRANSACTION(S) DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRAUDULENT INTENT BY ME OR ANY PERSON ACTING IN CONCERT WITH ME, AND THAT THE SIGNATURE BELOW IS MY OWN PROPER SIGNATURE. I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.

_____

Date Account Holder Signature Print Name

_____

Date Financial Institution Representative Print Name

STOP PAYMENT TERMS AND CONDITIONS

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees that the Financial Institution is not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner. The account holder understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly, according to the time requirements noted below. Verbal stop payment orders will cease to be binding after 14 calendar days unless written confirmation is provided to the Financial Institution by the account holder within that 14 day period.

Stop Payments of ACH/Electronic Check Items Affecting Consumer Accounts

This stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, or (2) the return of the debit entry, or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Originating Company, the return of all such debit entries. For PPD entries, IAT entries, and recurring WEB entries: Three banking days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three banking days of the expected transfer date, the Financial Institution will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided. For ARC entries, TEL entries, Single Entry WEB entries, RCK entries, POP entries, and BOC entries: The stop payment request must be provided to the Financial Institution in such a time and in such a manner as to allow the Financial Institution reasonable time to act on the request prior to acting on the debit entry.

Stop Payments of ACH/Electronic Check Items Affecting Non-Consumer Accounts

The stop payment order is effective for six months unless it is renewed in writing. The stop payment order must be provided to the Financial Institution at such time and in such manner as to allow the Financial Institution a reasonable opportunity to act upon the stop payment order prior to acting on the debit entry.

Stop Payments of Check/Share Draft/Paper Draft Items

A stop payment order is effective for six months and may be renewed for additional six-month periods by written request to the Financial Institution within the period during which the stop payment order is effective. The stop payment request must be provided to the Financial Institution in such a time and in such a manner as to allow the Financial Institution reasonable time to act on the request prior to acting on the item.

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COPY 1 - Financial Institution **COPY 2 - Account Holder**