

STOP PAYMENT REQUEST ORDER
CHECKS AND ACH



Today's Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
--------------	---

Member Information	Member Name	Account Number
	Daytime Phone Number	Request Submitted <input type="checkbox"/> In Person <input type="checkbox"/> Fax/Mail <input type="checkbox"/> Phone

Check Information	Reason For Stop Payment <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other (please describe):		
	Check Number(s)	Check Amount	Date Check Written

ACH Information	Reason For Stop Payment		
	Name of Company	Amount	Expected Clearing Date
	An ACH debit is an electronic transaction to an account that has been preauthorized by the account holder. It may be a one-time debit or recurring. When placing a stop payment on a recurring ACH transaction, <u>you are stopping one payment only</u> , future debits may continue to be posted. If you wish to stop payment on all future transactions, you must contact the Originator.		

Stop Payment Terms and Conditions

The undersigned accountholder hereby instructs Las Colinas FCU ("Credit Union") to stop payment on the above transaction (s). The stop payment order shall remain in effect for a) six months; b) until written notice is received from the account holder to revoke the stop payment order; or c) until payment of the entry has been stopped, whichever occurs first. The account holder may renew this request when the six-month period has expired by completing a new Stop Payment Request Order. For recurring ACH debits, this order is effective for a one-time stop payment only, and is only stopping one transaction. This order will NOT stop future recurring debits.

By directing the Credit Union to stop payment on the above transaction(s), the account holder agrees to hold the Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Credit Union may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The accountholder agrees that the stop payment request must be received in time to give the Credit Union reasonable time to act upon it. If a stop payment request is received within three banking days of certain ACH debits (PPD, WEB), the Credit Union will attempt to satisfy the stop payment request, but will not be liable if sufficient time was not provided.

The accountholder also 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 accountholder agrees to hold harmless and indemnify the Credit Union for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the accountholder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly.

A charge of \$_____ will be assessed to the accountholder as payment for implementing this order.

I further depose and say that the debit transaction described above was not originated with fraudulent intent by me or any other person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the forgoing is true and correct.

Member Signature/Date _____		
Credit Union Use		
Rec'd By:	Fee Charged:	Processed by:

Fax completed form to:
Member Services 214-273-7111