

**UNIVERSITY FEDERAL CREDIT UNION
STOP PAYMENT/ACH RETURN**

Name _____ Account# _____ Date _____ Time _____ AM PM

Daytime Phone: _____ Fax: _____ Drivers License# _____

Reason for **STOP PAYMENT**: Member Stop Lost/Blank Stolen/Blank Bill Pay (checks only)

STOP PAYMENT requested by: In Person Letter/Fax

I am requesting a **STOP PAYMENT** on a check(s) paper draft(s) postdated check

Date of item _____ Amount \$ _____ Item# _____ Range of Items: _____ - _____

I certify that I am the maker of the above-described item or owner of the above account if lost, stolen or blank.

I am requesting a STOP/RETURN on an Electronic Funds Transfer (EFT/ACH)

Reason for EFT/ACH return:

Unauthorized

I did not authorize, and have never authorized, in writing _____
_____ Company name
to originate one or more ACH entries to debit funds
from an account at University Federal Credit Union.

I authorized _____
_____ Company name
to originate one or more ACH entries to debit funds from an account at
University Federal Credit Union.

The amount debited exceeds the amount I authorized to be debited. The amount I authorized is \$ _____;

the amount debited was \$ _____.

or

The debit was made to my account on a date earlier than the date on which I authorized the debit to occur. I authorized the
debit to be made to my account on or no earlier than _____; the date it was debited was _____.

Revoking previously authorized

I authorized _____
_____ Company name
to originate one or more ACH entries to debit funds from my account, buy on _____, 20 _____

I revoked that authorization by notifying this company, in the manner specified in the authorization.

I am stating that the debit transaction 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.

STOP PAYMENT TERMS AND CONDITIONS

On the terms hereinafter set out, the undersigned depositor hereby instructs University Federal Credit Union (hereinafter styled "the credit union") not to pay the above described item(s):

1. This Stop Payment Order and any renewals thereof shall be effective for only a specified period after receipt by the credit union. During any such specified period, the credit union shall exercise reasonable diligence not to pay the item. After the aforesaid time, the credit union shall no longer exercise diligence or be liable for payment of such item under any circumstance, and the credit union may remove depositor's instructions and all renewals, if any, from its files, and destroy them. Even though the credit union would not be liable for payment of the item after expiration of any such specified period, the credit union shall, nevertheless, be fully protected in refusing to pay it.
2. Should the credit union ever incur liability to the depositor for payment contrary to stop payment instructions, the amount of such liability shall not exceed the amount paid on the item.
3. Renewals shall be in writing, signed by the undersigned depositor and delivered to the credit union.
4. The member for establishing the stop payment order as reflected below, will pay a fee. An additional fee must be paid for each renewal of stop payment order.
5. By directing the credit union to stop payment on an item, the depositor agrees to indemnify and hold the credit union harmless against and from any and all loss, claims, damage and costs, including court costs and reasonable attorney's fees, that the credit union may suffer or incur by reason of not paying said item if presented prior to withdrawal of these instructions and any renewal thereof.

I certify under penalty of perjury that the foregoing is true and correct

Member's Signature _____ Date _____

Stop Payment valid for three years

(1056 days) from the effective date of: _____ Stop Payment fee\$ _____

Employee's Name _____ Branch _____ Date _____

STOP PAYMENT RELEASE

The above STOP PAYMENT/RETURN ORDER is hereby released the _____ day of _____, _____

Member's Signature _____

Employee's Signature _____