



ACH STOP PAYMENT ORDER

Member Name: _____ Account Number: _____ Share ID: _____

Member to complete, or if request was submitted by telephone, verify by signature, the following:

- 1. Check one of the following:

STOP ALL FUTURE PAYMENTS: All future payments to the payee indicated, whether in fixed or varying amounts, will be returned unpaid. Note - Member agrees to notify payee of Member's request to revoke this payment authorization and to stop any further entries from being generated.

Amount**: \$ _____ Scheduled Payment Date: _____ Payee Name: _____

OR

ONE-TIME STOP PAYMENT REQUEST: This stop payment request applies only to the specific payment identified below. Payments other than the payment shown on this form will be made out of my Technology Credit Union account consistent with my agreement with the payee.

Amount**: \$ _____ Scheduled Payment Date: _____ Payee Name: _____

*** Either indicate specific amount or state "varies" if authorized payments are in different amounts each month and the amount of the payment to be stopped is not known.*

- 2. Member requests Technology Credit Union to stop the indicated ACH payment out of his/her Technology Credit Union account. Member agrees to pay the service charge indicated below. Member acknowledges the correctness of the date and time of the stop payment request indicated above.
- 3. This request must reach the Credit Union at least three days before the scheduled date of the payment to be stopped. If the Credit Union fails to stop the payment in spite of Member's complete, accurate and timely instructions, the Credit Union will be liable to Member for actual damages not to exceed the amount of the payment. The Credit Union will not be liable to Member for failure to stop the payment if Member fails to submit this request at least three days before the scheduled payment or fails to provide complete and accurate information regarding the payment and the payee. Member will reimburse Credit Union for any loss Credit Union sustains as a result of following Member's stop pay instructions.

- 4. Sign Here:

Member Signature: _____ Date: _____

This portion for Credit Union Use Only: Date of Request: _____ Time of Request: _____

Service Charge: \$ _____ Accepted by: _____