



STOP PAYMENT

Name _____ Account # and Share ID _____ ACH Check

I hereby request Credit Union West to Stop Payment on the transaction below. I understand that this order will be in effect until the earlier of a) the withdrawal of the stop payment order by the Receiver; or b) 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 Originator, the return of all such debit entries. The credit union shall not have liability for failing to honor the stop payment order on any item presented:

- a) during the same business day that the stop order was received
- b) during the next business day if stop order is received after 4:00 PM
- c) if I do not provide accurate and complete information about the item being stopped

Check

Check # _____ Date of Check _____ Amount of Check _____
Payee _____ Reason for Stop Payment _____

ACH

Party Debiting the Account _____
Amount of Debit _____ Date of Debit _____
Reason for Stop Payment _____

It is my intent to place a Stop Payment on the above transaction. I understand Credit Union West can only stop the transaction listed above per my instructions indicated in this document for:

- A single ACH Debit transaction
- All future ACH Debit transactions

By directing Credit Union West to stop payment on the above transaction, I agree to hold Credit Union West harmless against any and all loss, claims, damages, and costs. This includes court costs and attorney fees that are incurred as a result of Credit Union West having acted on this Stop Payment Order.

Further, I understand that this Stop Payment Request must be received in time to give Credit Union West reasonable time to act on it. If I am requesting a stop payment on an ACH Debit, I understand this request must be received no less than three business days prior to the expected date.

For a stop payment order to remain in force, a WRITTEN REQUEST must be received by the credit union within 14 calendar days of the verbal stop payment request.

Note: A Stop Payment Service Fee as disclosed on the fee schedule will be charged to your account for the placement of this order.

I understand it is my responsibility to notify the payee of the above transaction of my intention to stop this transaction.

Signature _____ Date _____

Please provide your contact information in case we have any questions concerning the item being stopped:

Phone Number _____ Email Address _____