



STOP PAYMENT REQUEST

MEMBER INFORMATION:

Today's Date

Name Account No. E-mail Address

Home Address City State Zip

Home Ph Work Ph Cell Ph

Please indicate below the item(s) that you are requesting. Include as much information as possible so we can process your request quickly.

Stop Payment of Check

Check # Payable To Dollar Amount Expected Clearing Date

Check # Payable To Dollar Amount Expected Clearing Date

On the terms below, I hereby instruct Building Trades Federal Credit Union (BTFCU) to stop payment on the above transaction. It shall remain in effect for six months.

Stop One Consumer ACH Payment (SINGLE ENTRY, WEB & TELEPHONE)

Description/Name of Item Expected Clearing Date Dollar Amount

Description/Name of Item Expected Clearing Date Dollar Amount

On the terms below, I hereby instruct Building Trades Federal Credit Union (BTFCU) stop payment on the above transaction. It shall remain in effect 1) until I revoke the stop payment request or 2) until payment of the entry has been stopped, whichever occurs first.

Stop Recurring Consumer ACH Payment (PPD, IAT, WEB or TELEPHONE)

Description/Name of Item Expected Clearing Date Dollar Amount

Description/Name of Item Expected Clearing Date Dollar Amount

On the terms below, I hereby instruct Building Trades Federal Credit Union (BTFCU) to stop all subsequent debits on the above transaction.

I authorized Company to originate one or more ACH entries to debit funds from the above account, but on Date

I revoked that authorization by notifying Company in the manner specified in the authorization **OR** I will be notifying Company on Date in the manner specified in the authorization. I agree to provide BTFCU with written confirmation of revocation within 14 calendar days from today's date. If BTFCU does not receive the required written confirmation, then it will honor subsequent debits to the account.

AGREEMENT & SIGNATURE

I understand a fee will be assessed to my account as payment for implementing this request. The fee amount is \$ _____. By directing BTFCU to stop payment on the above transaction(s), I agree to hold BTFCU harmless against any and all loss, claims, damage and costs, including court costs and attorney's fees, that BTFCU may suffer or incur by reason of non-payment of the above transaction(s) if presented prior to withdrawal of these instructions or expiration thereof. I understand that the stop payment request must be received at least three business days before a scheduled debit or in time to give BTFCU reasonable time to act upon it. I understand that it is necessary to provide accurate information related to the transactions(s) and that failure to do so may result in the payment of the above item(s). I agree to hold harmless and indemnify BTFCU for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of my failure to meet the time requirements noted above, or if such payment is the result of my failure to furnish any item of information requested above completely and accurately. I further state that the debit transaction(s) 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 under penalty of perjury that the foregoing is true and correct.

MEMBER SIGNATURE Date

FOR OFFICE USE ONLY

Verbal Stop Payment Request Accepted on by Employee

Signed Stop Payment Request Accepted on by Employee