

STOP PAYMENT REQUEST ORDER

Date _____

Check # _____

Member Name _____

Transaction Amount \$ _____

Account # _____

Payable To _____

Expected Clear Date (ACH) _____

Fee \$ _____

____ Stop ACH Payment - Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs Public Service Credit Union (hereinafter called "the Financial Institution") to stop payment on the above transaction(s).

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, 1) but on _____, 20____, revoked that authorization by notifying _____ (company name) in the manner specified in the authorization; or 2) will be notifying _____ (company name) on _____, 20____ in the manner specified in the authorization.

The account holder may be required to provide the Financial Institution with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If the Financial Institution does not receive the required written confirmation, then it will honor subsequent debits to this account.

____ Stop Payment for Check- Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs Public Service Credit Union (hereinafter called "the Financial Institution") to stop payment on the above transaction. This stop payment order shall remain in effect for six (6) months.

A charge, as reflected above, will be assessed to the account holder as payment for implementing this order.

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

The account holder understands that the stop payment request must be received at least three (3) business days before the scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it. A verbal request will be honored for 14 calendar days. Any stop pay request made verbally must be put in writing before the 14 calendar days are over or the stop pay request will be deleted.

The account holder also understands that it is necessary to provide the correct information related to the above transaction(s) and that failure to do so may result in the item(s) being paid. The account holder agrees to indemnify and hold the Financial Institution harmless for any expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure by the account holder to provide complete, accurate, and correct information.

I further state that the debit transaction(s) was not originated with fraudulent intent by me or anyone acting in concert with me, and that the signature below is my proper signature. I certify under penalty of perjury that the above is true and correct.

Date

Account Holder Signature

Print Name

Date

Financial Institution Representative Signature

Print Name

For Financial Institution Use Only

Verbal Stop Payment Request Accepted on _____ by _____

Signed Stop Payment Request Received on _____ by _____