



## Stop Payment Request

### Type of Transaction:

Draft/Check      Preauthorized Electronic Funds Transfer      Electronic Draft/Check Conversion

### Request Type:

Written (Expires - 6 Months)      Oral (Expires - 14 Days)      Renewal (Expires - 6 Months)

Draft Number(s): \_\_\_\_\_ Date of Item/Transfer: \_\_\_\_\_ Amount: \_\_\_\_\_

Payee: \_\_\_\_\_ Fee: \_\_\_\_\_ Member Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_ Time Received: \_\_\_\_\_

Reason for Stop: \_\_\_\_\_

\_\_\_\_\_  
(Member's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)

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- Item Description:** I request Arlington Community Federal Credit Union (ACFCU) to stop payment on the Share Draft or Check (item), Preauthorized Electronic Funds Transfer, or Electronic Draft/Check Conversion transaction described above. I warrant that the above description, including the date or scheduled transfer date, its exact amount, the item number, and payee are correct. I understand that the exact information is necessary for ACFCU's computer to identify the item, transfer, or conversion. If I give ACFCU the incorrect amount or any other incorrect information, ACFCU will not be responsible for failing to stop payment.
  - Electronic Draft/Check Conversion:** I understand that if I authorize the conversion of an item to an electronic transaction that it will be presented for payment electronically through automated clearinghouse (ACH) processes. Unless the box for Electronic Draft/Check Conversion is marked, I warrant that the item I am requesting a stop payment for is not an Electronic Draft/Check Conversion. I understand that ACFCU will not stop payment on an item if it is processed as an Electronic Draft/Check Conversion if I have not indicated that above.
  - Preauthorized Electronic Funds Transfer:** I understand that a request to stop payment of a Preauthorized Electronic Funds Transfer will only apply to the transfer scheduled for the date noted above. If I wish to stop additional Preauthorized Electronic Funds Transfers, I will submit an additional stop payment request, or cancel any future transactions with the entity that is initiating the debit.
  - Stop Payment Requests:** I agree that ACFCU will not be responsible for stopping payment unless my request is received by ACFCU:
    - within a reasonable time for ACFCU to act on my request prior to final payment; or
    - at least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer.I understand that my request is conditional and subject to ACFCU's verification that the item has not already been paid or that some other action to pay the item has not been taken. I understand that my request will be effective as follows: for an oral request, a period of fourteen (14) days from the date of the request; for a written request, a period of six (6) months from the date of this request, unless I withdraw this request or renew the request for an additional period, in writing. I also agree to notify ACFCU promptly upon the issuance of any duplicate item that replaces the item subject to this request or upon return of the original item. I agree to pay ACFCU a fee for each request set forth.
  - Indemnification:** I agree to indemnify and hold ACFCU harmless from all costs, including attorneys' fees (to extent permitted by law), damages, or claims related to ACFCU's action in refusing payment of the item, including claims of any joint owner, payee or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me.
  - Uniform Commercial Code:** This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the State of Virginia, by authorized clearinghouse rules, and by other local clearinghouse rules.