

**MEMBERS 1ST CREDIT UNION
STOP PAYMENT REQUEST FORM**

Date: _____ Time: _____ Stop payment Fee: _____

Member Name: _____ Account Number: _____ Suffix: _____
Mailing Address: _____ Phone No. _____

☐ Check / Pre-authorized Draft _____ Oral Request (Automatically Expires after 14 days)
_____ Written Request (Automatically Expires after 6 months unless renewed)
_____ Renewal Request (Automatically expires after 6 months unless renewed)

Reason for Stop Payment: _____ Check No. _____
Amount: _____ Payable to: _____ Dated: _____

☐ ACH / EFT _____ This is a reoccurring item
_____ I wish to stop all debits from this company – Company ID _____

Reason for Stop Payment: _____ Amount: _____
Payable to: _____ Expected Clearing Date: _____

☐ I hereby request to release Stop Payment on the above item

I hereby request Members 1st Credit Union, hereafter referred to as Credit Union, to stop payment on check, pre-authorized draft, ACH or EFT item(s) as listed above. I certify the item description, scheduled transfer date, exact amount, item number and payee are correct. It is understood that the exact information on the item(s) is necessary for the Credit Union to identify the item(s). If the information disclosed is incorrect, the Credit Union will not be responsible for failing to stop payment on said item(s).

If this request involves a postdated item, I hereby request the Credit Union to stop payment on the check if presented for payment prior to the date written on the item. The stop payment notice on a postdated item is subject to all other items and conditions for stop payment orders. I also understand that my stop payment request will be subject to the following limitations (a) an oral stop payment is effective for 14 days from the date of this request; (b) a written request for a check is effective for six months from the date of this request, unless I withdraw or renew this request; (c) a written request for ACH/EFT remains in effect indefinitely, unless I withdraw this request.

I agree that the Credit Union will not be responsible for stopping payment unless my stop payment request is received by the Credit Union (1) within a reasonable time for the Credit Union to act on my order prior to final payment or similar action; or (2) at least three business days before the scheduled date of the pre-authorized draft or ACH/EFT payment. I understand that this stop payment request is conditional and subject to the Credit Union's verification that the item has not been paid or that some other action to pay the item has not been taken. I also agree to notify the Credit Union promptly upon the issuance of any duplicate item which replaces the item subject to this request or upon return of the original item. I agree to pay the Credit Union a stop payment fee for each request as set forth above.

I agree to indemnify and hold the Credit Union harmless from all costs, including attorney fees to the extent permitted by law, damage or claims related to the Credit Union's action in refusing payment on item, including if by reason of such payment other items drawn by the undersigned are returned because of insufficient funds, claims or any joint owner, payee, or endorsee, or in favoring to stop payment of an item as a result of incorrect information provided by me. If the above referenced item is currently within the processing system of the Credit Union; this request becomes void. Checks that have been guaranteed will not be considered for stop payment processing.

Member Signature Date

When completed, mail to Members 1st Credit Union, PO Box 8245, N. Brattleboro, VT 05304, or fax to 802-257-5837.

FOR CREDIT UNION USE ONLY:

Verbal request received on: Date _____ Time _____ By _____
Written request received on: Date _____ Time _____ By _____

Revised 01-2018