



STOP PAYMENT REQUEST (CHECK)

Account Holder Name: _____ Account Number: _____

Home Phone Number: _____ Cell # _____ Email _____

I hereby authorize stop payment on the following:

Payable to/Originating Company Name: _____

Check/Transaction Amount: _____

Check Serial Number or Range of Check Numbers: _____

Reason: Lost Stolen Dispute

Fee: **\$15**

- 1) I agree to indemnify and hold United Catholics FCU harmless from any cost, claim liability, or damage, including reasonable attorney's fees that result from carrying out this "Stop Payment Authorization."
- 2) Under the Uniform code, this "Stop Payment Authorization" is effective only if United Catholics FCU receives it in a time and manner that affords United Catholics FCU reasonable opportunity to act on it.
- 3) Under NACHA Rules governing ACH Electronic Payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for United Catholics FCU to honor the request prior to finalizing the entry (for checks converted to an ACH Electronic Payment/Debit).
- 4) **The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question.**
- 5) A written stop payment authorization remains in effect until, either, the return of the item, or I request the release of the stop order. An oral stop payment is effective for only 14 days unless confirmed in writing within the 14 days.
- 6) I understand that the Check, if properly negotiated, is in the nature of a payment guaranteed by the Credit Union. Please be advised that merchants and check collectors now have the ability to collect unpaid checks through ACH Electronic debit. If this occurs, you may dispute the debit if you believe it is unauthorized. You have 60 days from the posting of the debit to notify the Credit Union that the debit is unauthorized in order to receive credit for this transaction. Please review your statement carefully and contact the Credit Union with any questions.

This form acknowledges the account holder's request to stop payment on a check or a pre-authorized electronic funds transfer as indicated above. The account holder further represents that the debit transaction(s) described above 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.

X _____ Date _____
Account Owner Signature

Please return this form to: United Catholics FCU- 160 E College Street, Covina, CA 91723 or Fax to: (626) 974-4473

For Financial Institution Use Only

Authorization Received By: _____ Date: _____ Time: _____

Request Received: FAX PHONE IN PERSON

Date Given or Mailed to Member: _____ Date Received from Member: _____

Stop Payment Release: The above request is hereby withdrawn.

Account Owner Signature Date