

STOP PAYMENT REQUEST

TYPE OF TRANSACTION:

___ Draft/Check	Item # _____	Payable to: _____
___ Preauthorized Electronic Funds Transfer	Item Date _____	Service Fee: _____
___ Electronic Draft/Check Conversion Transaction	Item Amt _____	Member Acct# _____

1. **Item Description.** I request Northeast Community Credit Union to stop payment on the share draft or check (either referred to hereinafter as "item"), Preauthorized Electronic 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 to identify the Item, Transfer, or Conversion Transaction. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment.
2. **Electronic Draft/Check Conversion Transaction.** I understand that if I authorize the conversion of an Item to an electronic transaction, it will be presented for payment electronically through automated clearinghouse (ACH) processes. Unless the box for Electronic Draft/Check Conversion Transaction located above under the Item No(s)/Type section is marked, I warrant that the Item upon which I am requesting to stop payment is not an Electronic Draft/Check Conversion Transaction. I understand that the Credit Union will not stop payment on an item if it is processed as an Electronic Check Conversion Transaction and I have not indicated that above.
3. **Preauthorized Electronic Funds Transfer.** I hereby revoke the above-named company's authority to draft this ___ single payment or ___ all future payments from my account. I understand if I authorize said company to draft other/future payments, I must specifically reauthorize the company to do so.
4. **Stop Payment Requests.** 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 request prior to final payment or my request prior to final payment or similar action; and
 2. at least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer.

I understand that my Stop Payment Request is conditional and subject to the Credit Union'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 Stop Payment Request will be effective as follows: for an oral request; for a written request, a period of fourteen (14) days from the date of this request, a period of six (6) months from the date of the request unless I withdraw this request or renew the request for additional periods, in writing. 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.

5. This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the State where the Credit Union's main office is located, by automated clearinghouse rules and by other local clearinghouse rules. It is understood that by placing this Stop Payment Request on the transaction(s) listed above that the account holder agrees to hold the Credit Union harmless against any and all loss, claims, damages, costs, including court costs and attorney's fees that may be suffered or incurred by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

Request Verification/Renewal

___ Written Request	(Automatically expires after 6 months unless renewed.)
___ Oral Request	(Automatically expires after 14 days.)
___ Renewal Request	(Automatically expires after 6 months unless renewed.)

Date & Time Received at Credit Union _____

x _____	x _____
Member Signature	Member Signature
Date	Date

x _____	_____
Credit Union Staff Signature	Date

