# Tallahassee-Leon Federal Credit Union

## Stop Payment Request for Checks and ACH Entries (stop payments cannot be placed on debit/credit card transactions)

On the terms and conditions set out within this form, the undersigned account holder hereby instructs Tallahassee-Leon Federal Credit Union to stop payment on the transaction(s) indicated below:

☐ ACH/ELECTRONIC CHECK ☐ CHECK/SHARE DRAFT/PAPER DRAFT

Type of Request: ☐ Written Request (Original) ☐ Verbal Request ☐ Renewal ☐ Cancel Currently Imposed Stop Payment

Today's Date: _____ Time: _____ ☐ a.m. ☐ p.m.

Account Number: _____ Account Type: ☐ Checking/Share Draft ☐ Savings/Share

Account Name: _____ ☐ Personal ☐ Business

Expected Clearing Date(s): _____ Specific Amount or All Amounts: _____

Payable To/Originator: _____

Check Serial Number(s): _____

*For POP, RCK, ARC, and BOC ACH Debits, and Check/Share Drafts or Paper Drafts*

Reason for Stop Payment: _____

Select **one** of the following:

☐ **Stop Single Entry** ☐ **Stop Multiple Entries*** ☐ **Stop ALL Future ACH Debits Under a Specific Authorization (ACH only)***

*Multiple Entries means stopping more than one check to the same payee, or stopping more than one debit from the same Originator (but not ALL future debits from that Originator). If this stop payment order instructs Tallahassee-Leon Federal Credit Union to stop all future ACH debits pursuant to a specific authorization involving a specific Originator, account holder should initial here to indicate that they have contacted the Company to revoke the authorization. Account holder agrees to provide a copy of the revocation of authorization to the credit union upon request.

_____

**Initials**

**A Fee will be assessed to the account holder as payment for implementing this order. This fee will $35.00 for a single check/ACH (or) a single order of 2 or more checks in a series.**

**I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS BELOW. I FURTHER DEPOSE AND SAY THAT THE 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. I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.**

_____

Date Account Holder Signature Print Name Phone Number

_____

Date Financial Institution Representative Print Name

STOP PAYMENT TERMS AND CONDITIONS

By directing Tallahassee-Leon Federal Credit Union to stop payment on the above transaction(s), the account holder agrees that TLFCU is not obligated to honor a stop payment request that does not contain the accurate information provided in a timely manner. The account holder understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify Tallahassee-Leon Federal Credit Union for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly, according to the time requirements noted below. Verbal stop payment orders will cease to be binding after 14 calendar days unless written confirmation is provided to Tallahassee-Leon Federal Credit Union by the account holder within that 14 day period.

Stop Payments of ACH/Electronic Check Items Affecting Consumer Accounts

This stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, or (2) the return of the debit entry, or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Originating Company, the return of all such debit entries. For PPD entries, IAT entries, and recurring WEB entries: Three banking days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three banking days of the expected transfer date, TLFCU will attempt to satisfy the request of the account holder, but will not be liable if sufficient time was not provided. For ARC entries, TEL entries, Single Entry WEB entries, RCK entries, POP entries, and BOC entries: The stop payment request must be provided to TLFCU in such a time and in such a manner as to allow the credit union reasonable time to act on the request prior to acting on the debit entry.

Stop Payments of ACH/Electronic Check Items Affecting Non-Consumer Accounts

The stop payment order is effective for six months unless it is renewed in writing. The stop payment order must be provided to TLFCU at such time and in such a manner as to allow TLFCU a reasonable opportunity to act upon the stop payment order prior to acting on the debit entry.

Stop Payments of Check/Share Draft/Paper Draft Items

A stop payment order is effective for six months and may be renewed for additional six-month periods by written request to TLFCU within the period during which the stop payment order is effective. The stop payment request must be provided to TLFCU in such a time and in such a manner as to allow the credit union reasonable time to act on the request prior to acting on the item.