

Input Into System By _____ Date/Time _____

Stop Payment Request must be received at least three (3) business days before a scheduled debit (preauthorized) can be enforced.

 Member Name _____ Date of Request _____ Time _____
 Account Number _____ Share (Sav/Chk) _____ Transaction Amount \$ _____
 Payable to _____ Expected Clearing Date _____
 Contact Information: (____) _____ or (____) _____

 Brief Description of reason for ACH Stop Payment:

NOTE: This form must be signed BY THE MEMBER OR JOINT OWNER before it is input by Crosspoint FCU on a One-Time Stop ACH request.

____ **Stop One-Time ACH Payment — Terms and Conditions:**

On the terms hereinafter set out, the undersigned account holder hereby instructs Crosspoint Federal Credit Union, to stop payment on the above transaction. **This stop payment order shall remain in effect until:**

- 1) Written notice is received from the account holder to revoke the stop payment order; or
- 2) Payment of the entry has been stopped.

____ **Stop Payment for Recurring ACH Entries (requires completing WSUPP):**

____ PPD (Prearranged Payment) ____ WEB (Internet Initiated Payment) ____ IAT (International ACH Payment)

On the terms hereinafter set out, the undersigned account holder hereby instructs Crosspoint Federal Credit Union, to stop payment on the above transaction. This stop payment order shall remain in effect until written notice is received from the account holder to revoke the stop payment order.

The account holder authorized _____ (company) to originate one or more ACH entries to debit funds from the above account,

- 1) On _____ (date), I revoked that authorization by notifying _____ (company) in the manner specified in the authorization: OR
- 2) I will be notifying _____ (company) on _____ (date) in the manner specified in the authorization.

A charge of \$12.00 will be assessed to the account as payment for implementing this order.

By directing Crosspoint FCU to stop payment on the above transaction, the account holder agrees to hold Crosspoint FCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that Crosspoint FCU may suffer or incur by reason of nonpayment of the above transaction if presented prior to withdrawal of these instructions or expiration.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify Crosspoint FCU for all expenses, costs, and damages incurred by payment of the above furnish any item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

 DATE AUTHORIZED SIGNATURE PRINT NAME

FOR CROSSPOINT FCU USE ONLY:

 Verbal Stop Payment Request ____ / ____ / ____ by _____ Date Confirmation Notice Sent to Member ____ / ____ / ____ by _____
 Warehouse Status Verified ____ / ____ / ____ by _____ Written Request Received ____ / ____ / ____ by _____
 Comments _____