# STOP PAYMENT REQUEST FOR CHECKS AND ACH ENTRIES

The undersigned account holder hereby instructs Orlando Federal Credit Union to stop payment on the following transaction(s) under the terms and conditions below:

☐ ACH/ELECTRONIC CHECK ☐ CHECKS/SHARE DRAFT ☐ RENEWAL (NON-CONSUMER ACCOUNTS or SHAREDRAFTS)

Today's Date: _____ Fee: Select Fee Amount

Account Number: _____ Account Type: ☐ Checking ☐ Savings

Member Name: _____

Date of Draft: _____ Amount: _____

Draft Number(s): _____ to _____ Company ID (necessary for ACH only): _____

Payable to/Company Name: _____

Reason for Stop Payment: _____

## STOP PAYMENT TERMS AND CONDITIONS

By directing Orlando Federal Credit Union to stop payment on the above transactions(s), the account holder agrees that Orlando Federal Credit Union is not obligated to honor a stop payment request that does not contain 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 Orlando 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 of the information requested above completely, accurately, and correctly, according to the time requirements noted below. Verbal stop payment orders will cease to be binding after fourteen (14) calendar days unless written confirmation is provided to Orlando Federal Credit Union by the account holder within that fourteen (14) day period.

### Stop Payments of All Future Debits Under a Specific Authorization

If this stop payment order instructs Orlando Federal Credit Union to stop all future payments pursuant to a specific authorization involving a specific Originating Company, account holder certifies they have contacted the Company to revoke authorization. Account holder agrees to provide a copy of the revocation of authorization to Orlando Federal Credit Union upon request.

### 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) where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific originating company. For PPD entries, IAT entries, and recurring WEB entries: Three (3) business days advance notice prior to the expected transfer date of the debit entry is required to satisfy the request of the account holder, but Orlando Federal Credit Union will not be held 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 the Financial Institution in such a time and in such a manner as to allow Orlando Federal Credit Union reasonable time to act on the request prior to presentment of the item.

Entry Definitions: *ARC*: Paper draft converted to single-entry ACH *TEL*: Orally authorized payment via telephone *WEB*: Authorized payment via Internet *RCK*: Re-presented (NSF) paper draft *POP*: Payment in person (voided draft by merchant/returned to customer) *BOC*: Back office conversion to an ACH from paper draft (bill payer) *PPD:* Prearranged Payment and Deposit Entry *IAT*: Payment transaction not located within the United States

### Stop Payments of ACH/ Electronic Check Items Affecting Business Accounts

The stop payment order is effective for six (6) months unless it is renewed in writing. The stop payment order must be provided to Orlando Federal Credit Union at such time and in such manner as to allow Orlando Federal Credit Union a reasonable opportunity to act upon the stop payment order prior to presentment of the item.

### Stop Payments of Check/Share Draft Items

A stop payment order is effective for six (6) months and may be renewed for additional six (6) month periods by written request to Orlando Federal Credit Union within the period during which the stop payment order is effective. The stop payment request must be provided to Orlando Federal Credit Union in such a time and in such a manner as to allow Orlando Federal Credit Union reasonable time to act on the request prior to presentment of the item.

**A fee of $15.00 will be assessed as payment for implementing this order if the funds are available to cover the item. A fee of $30.00 will be assessed as payment for implementing this order, if the funds are not available to cover the item at the time this form is submitted.**

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS BELOW. I FURTHER DEPOSE AND CERTIFY 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.

_____ _____ _____ _____

Member Signature Date Orlando Federal Team Member Signature Date

**To Cancel**: _____ _____ Team Member User ID Number _____

Member Signature Date

_____ _____

Orlando Federal Team Member Signature Date