



STOP PAYMENT REQUEST

Member Name: _____ Member Account Number: _____ Date: _____

Amount: _____ Check Serial Number(s): _____ Date check was written: _____

Reason for stop pay: _____ Payable to: _____

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs New Horizon Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the below transaction(s).

ONE ACH PAYMENT (CONSUMER ACCOUNT)

The stop payment order shall remain in effect until the earlier of:

1. Written notice being received from the account holder to revoke the stop payment order; or
2. The return of the debit entry.

RECURRING ACH PAYMENT (CONSUMER ACCOUNT) (RECURING PPD, TEL, WEB, OR IAT ONLY)

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

1. On _____ (date), the account holder revoked that authorization by notifying the company in the manner specified in the authorization; or
2. The account holder will be notifying the company on _____ (date) in the manner specified in the authorization.

STOP PAYMENT FOR CHECK

The stop payment order shall remain in effect for six months.

By checking this box, the account holder is required to provide written confirmation of the revocation with the company to the Financial Institution within fourteen (14) calendar days from today's date. If the Financial Institution does not receive the required written confirmation, the stop payment order will cease to be binding and subsequent debits to the account will be honored.

The stop payment order shall remain in effect until the earlier of:

1. Written notice being received from the account holder to revoke the stop payment; or
2. The return of all debit entries.

A charge as reflected will be assessed to the account holder as payment for implementing this order. By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction(s) if presented prior to withdrawal of these instructions or expiration thereof, The account holder also understands that the stop payment request must be received at least three(3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it. 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 the Financial Institution for all expenses, costs, and damages incurred by payment of the above 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.

I am the authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Member Signature: _____ Date: _____

Credit Union Use Only Placed stop payment on Cu-Centric Scanned into member folder
Verbal Stop payment request accepted on _____ by: _____

Signed Stop payment request accepted on _____ by: _____