

WRITTEN STOP PAYMENT ORDER FOR ACH

_____, by Personal Contact; Written Order, signed below
(Name of party ordering stop payment)

authorized and instructed Credit Union to stop payment described debit.

Maker _____ Account No. _____

ACH Originator (Co. requesting debit) _____ Co. # (ACH Log 150) _____

Amount _____

Reason for stopping payment: _____

The above party giving this order was informed of and agreed to the following conditions:

- (1) This order will become ineffective six months from the date hereof (unless released prior to the expiration of six months) unless renewed in writing;
- (2) Credit Union shall be bound only to exercise good faith and ordinary care in the observation of this order;
- (3) Credit Union shall have a reasonable time after the receipt hereof within which to notify all appropriate employees of this order and the party giving this order agrees that such notification shall be conclusively presumed to be within a reasonable time if completed within one hour after receipt of this order; and
- (4) Credit Union is authorized to charge and the party ordering stop payment agrees to pay services charges therefor.
- (5) The party giving this order agrees to hold Credit Union harmless and indemnify it for all costs, expenses, or damages it may incur or suffer by refusing payment of the above-described check.

| Date | Time | Expiration |
|----------------|----------------|------------|
| Received _____ | Received _____ | Date _____ |

Received by _____ Fee Amt. _____

The undersigned acknowledges receipt of a copy of this order.

The Credit Union will only honor ACH Stop Pmts. for the exact amount of the Debit.