



Stop Payment Request

Name _____ Date _____

Account No. _____ /Suffix _____ Phone No. _____

Check No. _____ Check Amount _____

Payee _____ Verbal Exp. Date _____

Reason for Stop _____

I authorize UVA Community Credit Union to place a stop order on the above listed item(s). UVA Community Credit Union will return these items unpaid and marked STOP PAYMENT. I authorize the credit union to debit my account \$32 for each item or series of drafts for which a stop payment has been ordered. I understand that verbal stop payments will expire in 14 days. I further understand that written stop payments expire in 6 months or in the case of ACH items when the item is first successfully stopped, whichever comes first. I agree to indemnify and hold the credit union harmless from all costs for refusing payment of the item or in failing to stop payment of an item as a result of incorrect information provided by me.

Signature _____ Date _____

For CU USE ONLY. (To be completed by Credit Union staff when order is taken)

Initials _____ Date _____ Fee Paid _____ From Suffix _____

14-Day (verbal) ACH* Comments: _____

6-months Draft _____

(To be completed by Supervisor) Initials _____

*Special notice for ACH stop payments.

A stop payment does not revoke the original ACH authorization. The member should contact the merchant to cancel the agreement. This order will only be valid for one successful stop payment return.

Entered correctly in system? _____

Date copy mailed _____

Date returned _____

Exp date changed _____