

STOP PAYMENT REQUEST FOR CHECKS AND ACH ENTRIES

TRANSACTION TYPE: ACH/ELECTRONIC CHECK CHECK/SHARE DRAFT PAPER DRAFT

WRITTEN REQUEST-ORIGINAL WRITTEN REQUEST-RENEWAL VERBAL REQUEST*

Today's Date:	Time:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Account Number:	Account Type:	<input type="checkbox"/> Share Draft <input type="checkbox"/> Share
Account Name:	Expected Clearing Date:	
Payable To:		
Check Serial Number(s)	Amount:	
For POP, RCK, and ARC ACH Debits, and Check/Share Drafts or Paper Drafts Reason for Stop Payment:		

*For verbal request of stop payments, the financial institution will provide this form to the account holder for signature. The signed form must be returned to the financial institution by the date specified by the financial institution. The verbal stop payment order will cease to be binding after 14 calendar days.

STOP PAYMENT TERMS AND CONDITIONS

On the terms hereinafter set out, the undersigned account holder hereby instructs **Tuscaloosa Teachers Credit Union** to stop payment on the above transaction(s). The stop payment order for non-ACH entries shall remain in effect for a) six months; b) until written notice is received from the account holder to revoke the stop payment order; or c) until payment of the entry has been stopped, whichever occurs first. The account holder may renew this request when the six-month period has expired by completing a new Stop Payment Request. The stop payment order for an ACH entry shall remain in force until the earlier of: a) the withdrawal of the stop payment order by the Receiver; or b) the return of the debit Entry, or, where a stop payment order applies to more than one debit Entry relating to a specific authorization involving a specific Originator, the return of all such debit Entries.

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 if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received in time to give the financial institution reasonable time to act upon it. **Check one of the following boxes:**

For PPD entries and recurring WEB entries:

Three banking days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received **within three banking days** of the expected transfer date, the financial institution will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided.

_____ (Account Holder initial here)

For all other transaction types;

Check/Share Draft	ARC Entry	CTX Entry	TEL Entry	WEB Entry (Single entry only)
Paper Draft	CCD Entry	RCK Entry	POP Entry	

The stop payment request must be provided to the financial institution in such a time and in such a manner as to allow the financial institution reasonable time to act on the request prior to acting on the paper item or ACH entry.

_____ (Account Holder initial here)

The account holder also understands that it is necessary to provide the correct information related to the transaction, and that failure to do so may result in the payment of the above item. 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 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.

A charge, as reflected below, will be assessed to the account holder as payment for implementing this order.

FEE ASSESSED: \$ _____

I FURTHER DEPOSE AND SAY THAT THE DEBIT TRANSACTION 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 UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Date	Account Holder Signature	Print Name
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Date	Financial Institution Representative	Print Name
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