

STOP PAYMENT AUTHORIZATION FORM

Check (complete section A) ACH (complete Section B)
 Remove Existing Stop (complete Section C)

Stop Payment Terms: LOC Federal Credit Union (LOC) agrees to stop payment on the below referenced item whereas the account holder (member) agrees to the following conditions. Stop payment request can only be done by stopping a particular check number (for physical checks) or by company ID number (for ACH withdrawals). In order for LOC to obtain a company ID number, that company must have withdrawn from the member's account in the past. Any stop payment order will remain in effect for six months. The member may renew this request after this expiration by completing a new stop payment authorization form. By authorizing LOC to stop payment on the below requested item, the member agrees to hold LOC harmless against any and all claims, costs, or damages, including court costs and attorney's fees that may be incurred by reason of not paying the below transaction. The stop payment authorization form must be received at such time and in such manner as to afford LOC a reasonable opportunity to act on it prior to another action being taken on the draft. You agree that in order for us to have a reasonable opportunity to act, we must receive your stop payment request at least one business day before the draft is received or three business days before the ACH is received by us for posting to your account. The term business day does not include any Saturday, Sunday or federal holiday, even though our offices may be open. LOC will attempt to satisfy all requests, but will not be held liable if sufficient time was not provided. The member agrees that it is necessary to provide the correct information and that failure to do so may result in payment of the item described below.

I understand that my Stop Payment Request is conditional and subject to LOC's verification that the item has not already been paid or that some other action to pay the item has not been taken. I further understand that my Stop Payment Request will be subject to the following limitations: a) on oral stop payment request (if permitted by LOC) is effective for 14 calendar days from the date of this request; b) for share drafts, checks or Electronic Check Conversions, a written request is effective for a period of six (6) months from the date of this request unless I withdraw this request or renew the request in writing for additional periods; and c) for Preauthorized Electronic Fund Transfers a written request remains in effect unless I withdraw the request. I agree to notify LOC promptly upon the issuance of any duplicate item which replaces the item subject to this request or upon return of the original item. **I agree to pay LOC a stop payment fee of \$29.00 for each request.**

Section A: Check (Share Draft) Stop Payment

Check Number _____ Amount of Check _____ Payable to _____ Account to take fee _____

Section B: ACH (Electronic) Withdrawal Stop payment

Company Name _____ Amount of Transaction _____

Date of Transaction _____ Company ID (provided by LOC) _____

Check One Single ACH Transaction _____ or Recurring ACH Transaction _____

Section C: Remove Existing Stop Payment

_____ Check Number(s): _____

_____ ACH Company Name: _____

I certify under penalty of perjury that the information provided is true and correct and that the transaction referenced above was not originated with fraudulent intent.

Member Name (printed) _____

Account Number: _____

Member Signature (required) _____

Date: _____

Employee Signature _____

Date: _____