

STOP PAYMENT REQUEST: ACH and Checks

Please Print and Complete this form and Mail or Fax it to the Credit Union:

HCA Federal Credit Union
916 NW 66th Street, Suite 5
Gainesville, FL 32605
Fax: (352) 333-4805

Date of Request _____ Account Number _____

Account Name _____

Payee/ Originator _____

Check Number (If applicable) _____ Item Date _____

Reason for Stop Payment _____

Amount \$ _____ Stop Payment Fee \$ _____

Type of Transaction: ACH/Electronic Check Check/Share Draft Paper Draft

I would like the above payment stopped one time.

The ACH stop payment will remain in effect (1) until one payment of the debit entry has been stopped, or (2) until the Receiver withdraws the stop payment order, whichever occurs earliest. The check or paper draft stop payment will remain in effect for (1) six months, (2) until one payment of the debit entry has been stopped, or (3) until the Receiver withdraws the stop payment order, whichever occurs earliest.

I would like to stop payment on the above mentioned transaction and all subsequent payments matching this criteria.

I understand that this stop payment order applies only to the specific criteria listed above. The ACH stop payment will remain in effect (1) until all payments from the specified Originator have stopped, or (2) until the Receiver withdraws the stop payment order, whichever occurs earliest. I understand that the financial institution may require proof of revocation with the Originator, and if that proof cannot be supplied to the financial institution within 14 days, it may honor subsequent debits to my account.

I certify that I have revoked authorization with this Originator in the manner specified in the authorization.

Stop Payment Terms and Conditions

I (the owner of the account number listing above) hereby instruct (financial institution) to stop payment on the above transaction(s). I understand that placing a stop payment order on a recurring ACH transaction will not cancel my authorization with the merchant. It is understood that in order to place a stop payment on all subsequent payments from an Originator, I must notify the Originator to cancel my authorization prior to placing the stop payment order.

It is understood that by placing this Stop Payment Request on the transaction(s) listed above that 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.

Timing of Stop Payment Order

I understand a stop payment order must be received in time to allow the institution a reasonable opportunity to act on it prior to acting on the debit entry and for some ACH debits, the order must be received at least three banking days prior to the scheduled date of the transfer. To be effective, the stop payment order must also sufficiently identify the payment. If the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order. With respect to ACH debits, the institution and the undersigned agree to abide by the ACH Rules and regulations regarding Stop Payment Orders.

Authorized Signature _____ Date _____

Verbal Request Rec'd Date _____ Time _____ By _____

Written Request Rec'd Date _____ Time _____ By _____