XCEL FEDERAL CREDIT UNION

Internal Use Only

Accepted By | Date | Time

Stop Payment Request Order for Checks & ACH Entries

Please submit with a copy of current U.S. Government-Issued ID (i.e., Driver's License, Passport)

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

NOTE: Your instructions are accepted only if the check has not been processed, certified, settled or paid.

Member Information

Full Name | Member Number

Check Number | Amount | Frequency

Payable to/Payee | Expected Clearing Date (ACH)

Reason for Stop-Payment | Date of Check

○ **Stop Single Entry**

○ **Stop Multiple Entries**
I wish to stop a series of payments starting on (date) _____ . I understand that XCEL FCU requires a new ACH Request form to be completed each time I would like to reinstate a recurring ACH). **Member Initials _____**

○ **Stop All Future ACH Debits Under a Specific Authorization**
If this stop payment order instructs the Credit Union to stop all future payments pursuant to a specific authorization involving a specific Originating Company, account holder should initial here to indicate that they have contacted the Company to revoke the authorization. Account holder agrees to provide a copy of the revocation of authorization to the Credit Union upon request. **Member Initials _____**

For PPD entries (Preauthorized Pay/Deposit) and reoccurring 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 as stated below in the Terms and conditions. **Member Initials _____**

Stop Payment Terms and Conditions

In order to be effective, a stop-payment order must be received in time to give XCEL FCU a reasonable opportunity to act on it, and should precisely identify the number, date, the amount of the item, and identify the payee. The member understands that it is necessary to provide the correct information related to the transaction, and that failure to do so may result in payment of the above item. The member agrees to hold harmless and indemnify XCEL FCU for any and all liability, loss, attorney fees, expenses, costs and damages which the member may sustain or incur as a consequence of honoring this Stop Payment Request. Verbal Stop Payment requests will cease to be binding after 14 calendar days unless this form is signed and returned to XCEL FCU by the member within that 14 day period.

Stop Payments ACH/Electronics Check items

This stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop-payment order by the member. (2) the return of the debit entry, or, where a stop-payment order is applied to more than one debit entry under a specific authorization involving a specific originator, the return of all such debit entries. For PPD entries, IAT entries, and reoccurring 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 Credit Union will attempt to satisfy the request of the member, but will not be held liable if sufficient time was not provided. For ARC entries, TEL entries, Single Entry WEB entries, RCK entries, POP entries, and BOC entries: The stop-payment request must be provided to the Credit Union in such a time and manner as to allow the Credit Union reasonable time to act on the request prior to acting on the debit entry.

Stop Payments of Checks/Share Drafts/Paper Drafts

XCEL FCU will comply with the requirements of the Uniform Commercial Code as adopted in New Jersey Governing stop-payment orders. Properly signed Check/Share Draft stop-payment Orders are effective for **six months** after the date of acceptance and will automatically expire after that period unless the order is renewed in writing. If the same share draft is presented for payment after this Stop Payment Order expires and it was not subsequently renewed, the item will be honored. The stop payment request must be provided to the Credit Union in such a time and manner as to allow the Credit Union reasonable time to act on the request prior to acting on the item.

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

Fee Assessed: Stop-Payment **$25.00** per Item Stopped

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS ABOVE. I FURTHER DEPOSE AND SAY THAT THE 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 FORGOING IS CORRECT.

Full Name | Member Signature | Date

REV 7.26

Please submit the completed form to xcel@xcelfcu.org or fax to 973 528 8760 (8761).