



Stop Payment Request

Transaction Type: ACH/Electronic Check Check/Share Draft Visa Debit Card

ACH Stop Payment Type: Request for Revocation One Time Stop Payment

Today's Date: _____ Time: _____ A.M. P.M.

Member Number: _____ Share Draft ID Number: _____

Account Type: Checking/Share Draft Savings/Share

Member Name: _____ Expected Clearing Date: _____

Payable To: _____ Transaction Amount: _____

Has this transaction cleared or attempted to clear your account in the past? Yes No

If Yes, Date: _____ Reason for Stop Payment: _____

Check/Share Drafts and Paper Drafts: Check Serial Number(s): _____

ACH or Electronic Transactions: Company ID: _____ OFI R\T: _____

Company Name: _____ Phone #: _____

Visa Debit Card Preauthorized Payment: Card Number: _____

Merchant Name: _____ Transaction Date: _____

Transaction Amount: _____ * Leave amount blank to stop debit card all payments to a specified merchant.

Stop Payment Terms & Conditions:

On the terms hereinafter set out, the undersigned account holder hereby instructs **B.O.N.D. Community Federal Credit Union** hereinafter called "the Credit Union", to stop payment on the above transaction.

This stop payment order shall remain in effect as requested by you in the ACH Stop Payment Type field.

By directing the Credit Union to stop payment on the above transaction, the account holder agrees to hold the Credit Union harmless against any and all loss, claims, damage and costs, including court costs and attorney's fees that the account holder and/or the Credit Union may suffer or incur by reason of not paying the above transaction if presented prior to withdrawal of these instructions or renewal thereof.

The account holder understands that a check or share draft may be presented as an electronic funds transfer or ACH by the payee or merchant if the account holder completed a transaction with the merchant after being told (orally or by a notice posted or sent to you) of such conversion or if the account holder signed a written authorization. Herein the account holder authorizes the Credit Union to replicate the above share draft stop payment in the form of an ACH/electronic check stop payment as the Credit Union may see necessary to avoid any Credit Union losses.

The account holder understands that the Stop Payment Request must be received in time to give the Credit Union reasonable time to act upon it:

Check/Share Draft, Paper Draft, Point of Purchase, Corporate Trade Exchange (CTX), Cash Concentration or Disbursement (CCD), Represented Check Entries (RCK), Internet Initiated – Single Entry Only (WEB), Visa Debit Card and Telephone Initiated Debits (TEL) **the stop payment request must be provided to the Credit Union in such a time and in such manner as to allow the Credit Union a reasonable time, preferably two business days (48 Business Hours)** act on the request prior to acting on the paper item or ACH debit entry.

All other ACH Debit Items (PPD, WEB-Recurring Entry Only, ETC.): **Three business days (72 Business Hours) advance notice** prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment request is received after the aforementioned dates, the Credit Union will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided.

The account holder also understands that it is necessary to provide the correct information, and that a failure to do so may result in payment of the above item. The account holder agrees to hold harmless and indemnify the Credit Union 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 furnish any item of information requested above completely, accurately, correctly and within the time guidelines described above.

Each stop payment request will incur in a fee, which will be assessed to the account holder as payment for implementing this stop payment request. Please, refer to the current schedule of fees and charges to verify the current fee amount.

Please note: 1. Account holders (consumers) must revoke authorization directly with the originator (merchant) PRIOR to the stop payment request.
2. Account holders (consumers) must complete an affidavit for unauthorized transactions PRIOR to returning the debit.

By signing below, I authorize B.O.N.D. Community Federal Credit Union to process this stop payment request and accept the terms and conditions described above.

Account Holder's Signature

Date

B.O.N.D. Officer

Date and Time Processed