

STOP PAYMENT REQUEST ORDER

(Item's that have NOT posted to members account)

Today's Date _____

Account Number _____ Account Type: ___ Consumer **or** ___ Business/Corporate (Non-Consumer)
 Account Name _____ Expected Clearing Date for ACH _____
 Payable To _____ Transaction Amount \$ _____

Reason for Stop Payment _____

<p>___ [R08] Stop One <u>Consumer</u> ACH Payment (Effective September 16, 2011, can be used for single entry WEB & TEL) Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Whitefish Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect until the earlier of 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until payment of the entry has been stopped.</p>
<p>___ [R08] Stop Recurring <u>Consumer</u> ACH Payments: ___ PPD ___ IAT ___ WEB ___ TEL (Can be used for recurring WEB & TEL) Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs the Whitefish Credit Union, hereinafter called "the Financial Institution", to stop all subsequent debits from the specific originator and for the amount specified above.</p>
<p>___ [R08] Stop <u>Corporate</u> ACH Payment(s): ___ CCD ___ CTX ___ IAT (Non-Consumer) Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Whitefish Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). When confirmed in writing, <u>the stop payment order shall remain in effect for six months.</u></p>

The account holder understands that the written stop payment request must be received at least three (3) business days before a scheduled debit (s) or in time to give the Whitefish Credit Union reasonable time to act upon it.

By directing the Whitefish Credit Union to stop payment on the above transaction(s), the account holder agrees to hold the Whitefish Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Whitefish Credit Union 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 at least three (3) business days before a scheduled debit(s) or in time to give the Whitefish Credit Union reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above items(s). The account holder agrees to hold harmless and indemnify the Whitefish Credit Union for all expenses, costs, and damages incurred by payment of the above item(s) 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.

I further state that the debit transaction(s) 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	
Date		FI Representative Signature		Print Name	

****Below to be filled out "when Stopping" a stop payment order****

I hereby declare that I wish to revoke this stop payment request order effective:	
Member Signature:	Date: