

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

Today's Date:	Time:	
Account Number:	Account Type: Checking/Share Draft	Savings/Share
Account Name:	Expected Clearing Date:	
Payable to:	Transaction Amount:	
Check/Draft Number:	Item Date:	
Reason for Stop Payment:		
Select one of the following Stop Payment types: Stop a Single Entry Stop All Future ACH Debits		

On the terms hereinafter set out, the undersigned account holder hereby instructs First Abilene Federal Credit Union, to stop payment on the above transaction/s.

The stop payment order shall remain in effect for a) six (6) months; b) until written notice is received from the account holder to revoke the stop payment order, or c) 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 company, the return of all such debits, whichever occurs first.

The account holder may renew this request after the six-month period has expired by completing a new "Stop Payment Request" form.

By directing the credit union to stop payment on the above, the account holder agrees to hold the credit union harmless against any loss, claims, damage and costs, including court costs and attorney's fees, that the credit union may suffer or incur by any reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or renewal thereof.

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, Accounts Receivable Entries (ARC), Point-of-Purchase (POP), Represented Check Entries (RCK), Internet Initiated-Single Entry Only (WEB) and Telephone Initiated (TEL) Debits: The stop payment request must be provided to the credit union in such time and in such a manner as to allow the credit union a reasonable time to act on the request prior to acting on the paper item or ACH entry.

All other ACH Debit Items (PPD, WEB-Recurring Entry Only, etc.): Three 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 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 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 (such as check serial number, amount, etc.) requested above completely, accurately and correctly.

Fee Assessed: I agree to pay a service charge for this stop payment in the amount shown in your current disclosure of fees and charges. Unless otherwise agreed you are authorized to charge this service charge to the Account. I understand that the charge is accessed at the time the stop payment request is made.

I FURTHER DEPOSE AND SAY THAT THE DEBIT TRANSACTION 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 AND THAT I AM AN AUTHORIZED SIGNER OR HAVE AUTHORITY ON THE ACCOUNT.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Member Signature: _____ Date: _____ Time: _____

Credit Union Representative: _____ Date: _____ Time: _____

RELEASE OF STOP PAYMENT		
The above stop payment is withdrawn.		
Member Signature: _____	Date: _____	Time: _____