



Stop Payment Order

FAX to: (919) 460-8895

MAIL to: RTP Federal Credit Union

EMAIL: rtp@rtpfcu.org

P.O. Box 12807

RTP, NC 27709

Transaction Type:

ACH Check

Member Name: _____ Account Number: _____

Daytime Phone #: _____ Home Phone #: _____

Stop Payment on a Check or Share Draft

Share Draft ID # 114 _____

(Number that appears at the bottom of your checks)

Date of Check: _____ Check Number: _____ Amount of Check: _____

Check Payable To: _____

Stop Payment on an ACH Debit or Electronic Payment

Expected Date of Debit: _____ Amount of Debit: _____

Company Name: _____ Company ID#: _____

AUTHORIZATION

*By signing below, I hereby direct RTP Credit Union (RTP CU) to stop payment on the check or ACH item described above, unless you have already paid it. This request will remain effective indefinitely from the date shown below, unless I cancel it in writing. **Further, I understand that the information provided on this form must be accurate, and any incorrect information may cause the check or ACH to be paid despite this Stop Payment Order.** I also declare that the check or ACH debit entry was not originated with fraudulent intent by me or any person acting in connection with me. Cancelling my automatic payment with RTP CU does not cancel my contract with the originating company. If I cancel my contract for a product/service, I will also need to tell the originating company to stop automatic payments. If I am placing a stop pay on a check, I understand that any check I write in the future with the same check number may be stopped and rejected.*

By directing a stop payment on this item, I agree to hold RTP Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of RTP CU having acted on this Stop Payment Order. Further, the credit union will not be liable for payment of the check or ACH debit contrary to this request unless payment is caused by the credit union's negligence and causes actual loss to me. The credit union's liability shall not, in any event, exceed the amount of the check or ACH debit. I agree to reimburse the credit union for any loss it sustains in honoring this request.

I understand there is a \$30 fee for each stop payment order, and all Stop Payment Orders must be received no less than one (1) business day prior to the expected date.

Member Signature _____

Date: _____ **Time of Request:** _____

THIS SECTION - CREDIT UNION USE ONLY

Transaction Type: ACH Check

Remarks: _____

Time Received: _____ Received By: _____ Date: _____