



Stop Payment Order

FAX to: (919) 572-5463

MAIL to: RTP Federal Credit Union
P.O. Box 12807
Research Triangle Park, NC 27709

Transaction Type:

ACH Check

Member Name: _____ Account Number: _____

Daytime Phone #: _____ Home Phone #: _____

I understand there is a \$26 fee for each stop payment order.

Please stop payment on the check or ACH debit described below, unless you have already paid it. I understand that this request will remain effective indefinitely from the date shown below, unless I cancel it in writing. I also understand that any check that I write in the future with the same check number may be stopped and rejected. 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. **There is a 24-hour processing period before a stop payment becomes effective.**

Stop Payment on a Check or Share Draft

Share Draft ID # 1 1 4 _____

(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

If you are placing a stop payment on recurring ACH debit or electronic payment, only the next scheduled ACH debit(s) for the request above is affected by this Stop Payment Order. To stop all future debit transactions by the company identified above, I understand that it is my responsibility to notify the company in writing to revoke any authorization they may have on file allowing ACH debit transactions against my account(s) at RTP Federal Credit Union. RTP Federal Credit Union assumes no liability regarding future ACH debit transactions.

I understand that there is a 24-hour processing period before a Stop Payment Order becomes effective.

Member Signature _____

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

THIS SECTION - CREDIT UNION USE ONLY

Transaction Type: ACH Check

Time Received: _____ Remarks: _____

Received by: _____ Entered by: _____ Reference # _____ Date _____