



Stop Payment Request for Checks and ACH (Electronic Funds Transfers)

To avoid a delay in processing, please complete this form, sign, and return within 14 days.
Please note, there is no fee to initiate a Stop Payment through APCIRCUIT® PC Home Banking Service.

Mail: Attn. EFT Specialist, (to address above)\* Fax: 610-841-2589 Online: Upload through APCIRCUIT Message Center

\* For added security, please list only the last four (4) digits of the account number when returning through US mail.

Transaction Details: (Please complete ALL areas of this section)

Primary Owner's Name: Account Number:

Today's Date: Date Initiated/Written: Amount:

Account Type: [ ] Share Draft Checking [ ] Primary Savings Expected Clearing Date:

Payable to/Originator: Company ID (if known):

Was this item lost, stolen, or unauthorized? Yes No If yes, please explain:

If you believe that there is fraud or unauthorized activity on your account, please contact us immediately.

Please complete ONE of the following:

- This request is to stop one share draft / check #
This request is to stop a block of share drafts / checks # to
This request is to stop an ACH item ONE TIME ONLY
I have a history of ACH payments to this Originator; the last payment date was
This is a first-time ACH payment to this Originator
This request is a permanent REVOCATION OF AUTHORIZATION for an ACH debit. (Complete statement below.)

I authorized (Company Name) to originate one or more ACH debit entries to my account. On (Date of Notification), I instructed (Company Name)

to stop all future payments, by providing notice in the manner specified in the original agreement and/or contract.

As evidence of this notification, (complete one of the following statements)

- I spoke to in the department on
I provided written notice to revoke all future payments. A copy is attached.
CANCEL the Stop Payment Request for the item(s) identified in the Transaction Details. The Stop Payment is no longer needed. The cancellation of a share draft/check that has already been returned as "stopped" will not be honored and a substitute share draft/check should be initiated.

I acknowledge that I have read and agree to be bound by the Stop Payment Terms and Conditions (page 2 of this document).

Member Signature Primary Phone Number Date

CREDIT UNION USE ONLY:

Received by APCI FCU on at am/pm, by EFT Specialist

## APCI Federal Credit Union Stop Payment Terms and Conditions

You, our Member/Account Holder, (the undersigned), hereby instructs APCI Federal Credit Union, (APCI FCU), to stop payment on the transaction(s) listed on page 1 of this document.

The undersigned agrees that the information provided completely, accurately, and correctly identifies the check serial number or Originator, amount, and the transaction to be stopped. Failure to do so may result in the payment of the item(s) listed.

The undersigned understands that APCI FCU cannot identify and therefore attempt to stop a payment if the originating company name or check serial number is different from what has been provided. The Company ID may change, therefore bypassing APCI FCU's ability to detect the item. APCI FCU agrees to make all reasonable attempts to locate the item.

All Stop Payment requests must be provided to APCI FCU at such time and in such manner as to allow the credit union a reasonable opportunity to act upon the Stop Payment order prior to acting on the debit entry. This request will not be honored or effective if the debit item has been paid, certified, or accepted prior to this order.

A Stop Payment Request will be honored on consumer transactions only.

Verbal requests are valid for fourteen (14) calendar days. This signed form must be received by APCI FCU within **14 days** of the original request. If a request is not signed and returned to us within the time limit, the Stop Payment order may be declared void and will no longer be binding.

This order is for one (1) Stop Payment only and is not renewable. A separate form is needed for multiple ACH merchants/companies, multiple payees (for checks), multiple checks that are not a block of checks or in sequential order, or to renew a previous request.

Should future developments make possible the cancellation of this order, the undersigned agrees to notify APCI FCU in writing. To cancel a Stop Payment, the account holder may complete the Transaction Details and check off the appropriate box on page 1, or provide APCI FCU with a letter, fax, or email request that contains the transaction details, an account holder's signature, and date. If the item has been processed and returned as a "stop payment," a request to cancel the Stop Payment is not valid and a new share draft/check or ACH entry must be initiated by the account holder.

APCI Federal Credit Union cannot guarantee the prevention of a payment that was "stopped" from being re-deposited and debited from an account. Merchants/companies may present the original item at any time, including after the 6 months has lapsed or the Stop Payment has expired.

A Stop Payment order will not release an account holder's legal and binding contract to repay a merchant, company, or Originator.

The undersigned agrees to hold APCI FCU harmless and indemnify APCI FCU against all liability, loss, costs, damages, fees of attorneys and other expenses, including but not limited to any amount APCI FCU is obligated to pay on the item, which the Credit Union may sustain or incur in consequences of honoring this request to Stop Payment.

A service fee will be assessed to the account holder as payment for implementing this order and may be withdrawn from your share or share draft account. *Please contact us or visit our website at [apcfcu.org/FeeSchedule](http://apcfcu.org/FeeSchedule), for the current Fee Schedule.*

**Share Draft(s)/Check(s)** – *An order to stop a debit transaction that was initiated as a paper check and processed through regular check clearing channels. This includes items that bear the account holder's signature and items that were authorized by the account holder (e.g., over the phone) and does not bear the account holder's signature.*

- A Stop Payment order for share drafts/checks shall remain in effect for six (6) months from the date hereof or until written notice is received from the account holder to revoke the Stop Payment order. The account holder may renew this request when the six-month period has expired by completing a new Stop Payment Request order. Applicable fees will be assessed.

**ACH One-Time Payment** – *An order to stop a one-time single entry electronic transaction that was authorized over the telephone, Internet, electronic check conversion, (ARC, POP, BOC, RCK), or preauthorized by the account holder as a one-time debit.*

- Notification must be given to APCI FCU at least three (3) banking days prior to the scheduled date of the transfer. If the Stop Payment order is received within three banking days of the expected transfer date, APCI FCU will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided.
- An ACH One-Time Stop Payment shall remain in effect until the instructed date to resume, as stated in the third (3<sup>rd</sup>) block on page 1; written notice is received from the account holder to revoke the stop payment order; or until payment of the entry has been stopped, whichever occurs first.
- This order is effective for a one-time stop payment only and will NOT stop future recurring debits.

**ACH Revoke Authorization** – *An order to permanently stop all future recurring and preauthorized electronic transactions.*

- A Revoke Authorization is an order to stop all subsequent payments to an Originator.
- A Revoke Authorization will remain on the account permanently. Should future developments make possible the cancellation of this order, the undersigned agrees to notify APCI FCU in writing.
- Notification of a Revoke Authorization must be received by APCI FCU within three (3) banking days of the scheduled transfer date, or in such time and manner as to allow us a reasonable opportunity to act upon the request prior to acting on the debit entry. If APCI FCU receives and honors the request within the three-day limit, APCI FCU has no resultant liability or responsibility to any Originator or other person having any interest in the entry.
- **A Revoke Authorization requires the account holder to notify the Originator to stop all subsequent payments.** Notice to the Originator may be verbal or written as determined in the original authorization or contract with the Originator. It is recommended that all Revocations be written. A copy of the written notice should be attached to this request and forwarded to APCI FCU. If the notice of revocation is verbal, please provide the date revoked, the name of the representative that you spoke to, and the phone number that you used to contact the originator of your intent, (on page 1 of this document).
- APCI FCU cannot guarantee that revocations of transactions initiated on the Internet or telephone will be stopped. It is the responsibility of the account holder to notify APCI FCU within 60 days of the transaction date that an entry that had been erroneously debited.
- Your signature, (on page 1), is required before a permanent Revoke Authorization can be processed. A One-Time Stop Payment may be placed on the entry until the Revoke Authorization requirements are satisfied.