



Stop Payment Request

Date of Request: _____ Time of Request: _____

Name of Account Owner: _____

Daytime Phone Number: _____ Evening/Alternate Phone Number: _____

E-Mail Address: _____

Check Information

Account Number: _____ Draft/Check Number: _____

Amount: _____ Date on Check: _____

Payable to Whom: _____

Reason for Stop Payment: _____

Disclosure Information

1. **Item Description.** I request the Credit Union to stop payment on the share draft, check, preauthorized funds, transfer ("EFT"), or ACH draft ("Item") described above. I warrant that the Item description, including the date or scheduled transfer date, its exact amount, the Item number, and the payee are correct. I understand that the EXACT information on the Item is necessary for the Credit Union's computer to identify the Item. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the Item.

2. **Stop Payment Order.** I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by the Credit Union (1) within a reasonable time for the Credit Union to act on my order prior to financial payment or similar action; or (2) at least three business days before the scheduled date of the preauthorized EFT or ACH draft. I understand that my stop payment request is conditional and subject to the Credit Union's verification that the Item has not already been paid or that some other action to pay the Item has not been taken. I understand that my Stop Payment Order will be effective for 12 months. A Stop Payment Order may be renewed in writing from time to time. I also agree to notify the Credit Union promptly upon the issuance of any duplicate Item that replaces the Item subject to this order or upon the return of the original Item. I agree to pay the Credit Union a stop payment fee for each request as set forth above.

3. **Indemnification.** I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the Item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an Item as a result of incorrect information provided by me.

I hereby request a Stop Payment Order on the above draft(s). I realize there is a service fee of \$20.00 for this Stop Payment Order, and this fee will be debited from my share draft/checking account.

Signature of Member

Signature of Credit Union Employee

Main Office: 1307 Redmond Circle, Rome, Georgia 30165
[P] 706.291.9290 [F] 706. 235.4365

Branch Office: 1311 Dean Avenue, Rome, Georgia 30161
[P] 706.802.0030 [F] 706.802.0047

www.nwgacu.org