

PCM CREDIT UNION

STOP PAYMENT REQUEST ORDER

Today's Date: _____ Time: _____ a.m. /p.m. Account Type: _____ Consumer _____ Business

Member Name: _____ Member Account #: _____ Amount: \$ _____

Expected Clearing Date for ACH/Date Check(s) Written: _____ Check Number(s): _____

Payable To: _____ Reason for Stop Payment: _____

Type of Request: _____ Written _____ Verbal (For verbal request of stop payments, the financial institution will provide this form to the account holder for signature. Verbal stop payment orders are binding for fourteen (14) days only, unless confirmed in writing within that period.)

ACH One-Time Stop Payment (to Accounting Department) \$5.00 fee
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs PCM Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect until the earliest of: 1) written notice is received from the account holder to revoke the stop payment order; or 2) payment of the entry has been stopped.

ACH Permanent Stop Payment for Recurring Entries (to Accounting Department) \$5.00 fee
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs PCM Credit Union, hereinafter called "the Financial Institution", to stop all subsequent debits from the specific originator and for the amount specified above until written notice is received from the account holder to revoke the stop payment order.
I (the account holder) understand this stop payment does not cancel or change the contract I have with the originating company. To cancel that contract and terminate my preauthorized debit, I must follow the specifications outlined in my contract with that company.

Stop Payment for Check(s) (to VP of Member Services) \$5.00 fee
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs PCM Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect until the earliest of: 1) written notice is received from the account holder to revoke the stop payment order; or 2) six months from the date of the stop payment order, unless renewed in writing.

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

The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above items(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I further state that the debit transaction(s) 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. I certify under penalty of perjury that the foregoing is true and correct.

Member Signature: _____ Print Member Name: _____ Date: _____

I hereby declare that I wish to revoke this stop payment request order effective: _____ Member Signature: _____

FOR FINANCIAL INSTITUTION USE ONLY

Verbal Stop Payment Request Accepted on: _____ by: _____ Verified by: SS# _____ DOB _____ PW _____ Other _____

Signed Stop Payment Request Form Received on: _____ by: _____

Written Confirmation of Revocation Received on: _____ by: _____