

ACH Debit Stop Payment Order

Date Entered & Charged

Daytime Phone Number

- This Automatic Clearing House (ACH) stop payment request will affect **only one debit** from the payee listed below up to six (6) months from the date this order was accepted.
- It is your responsibility to notify payee/originator of the debit that you want to REVOKE the authorization granted for this debit.
- All subsequent debits from this payee/originator will be paid unless a revocation of authorization has been given to the payee/originator of the debit listed below. If after the payee/originator has been notified to REVOKE the authorization a debit comes through the account, you must complete and sign the Affidavit of Unauthorized ACH Debit Activity in order to return the ACH debit.

A. Account Number	B. Load for Stop Amount of Debit All/or \$	C. Date of Next Scheduled Debit	D. Last Amount Debited on Account
E. Member Name (print)		F. Payee/Orioriginator of Debit	

Stop Payment Terms and Conditions

On the terms hereinafter set out, the undersigned depositor hereby instructs Velocity Credit Union (the "Credit Union") not to pay or honor the above-described ACH Debit on its first presentment only.

1. This Stop Payment Order and any renewals thereof shall be effective **one time only** for the ACH Debit described above. The Credit Union will not be responsible for stopping payment of any ACH Debit that is originated by an originator other than the one specified above in box A through F. The Credit Union will not be responsible for stopping payment of any ACH that is on a different dollar amount than the amount specified above, if the depositor has indicated in Box B above that only payments of the specified amount should be stopped.
2. This Stop Payment Order and any renewals thereof shall be effective either (1.) for only the next ACH Debit presented (as a single, one-time only stop) or (2.) for a period of six (6) months from the date this Order was signed, or (3.) you release the Stop Payment Order by signature. After such effective period has expired, the Credit Union shall no longer exercise diligence or be liable for payment of such ACH Debit under any circumstances, and the Credit Union may remove depositor's instructions and all renewals, if any, from its files and destroy them. Even though the Credit Union would not be liable for payment of the ACH Debit after expiration, the Credit Union shall, nevertheless, be fully protected in refusing to pay or honor it.
3. All Stop Payment Orders received and properly signed and completed prior to noon on any business day will be entered into the system and effective on the following business day. Any Stop Payment Orders received and properly signed and completed after noon on any business day will be entered into the system and effective on the second business day following.
4. Should the Credit Union ever incur liability to the depositor for payment contrary to the Stop Payment Order instructions, the amount of such liability shall not exceed the amount paid on the ACH Debit.
5. The depositor's instructions contained herein may be withdrawn at any time. Renewals and withdrawals of Stop Payment Orders shall be in writing, signed by the undersigned depositor, and delivered to the Credit Union.
6. A charge of \$ _____ must be paid for establishing this Stop Payment Order. An additional charge of \$ _____ must be paid for each renewal of any Stop Payment Order.
7. By directing the Credit Union to stop payment on an ACH Debit, the depositor agrees to indemnify and hold the Credit Union harmless against and from any and all loss, claims, damage, and costs, including court costs and attorney's fees, that the Credit Union may suffer or incur by reason of not paying or honoring the ACH Debit if presented prior to withdrawal of these instructions or any renewal thereof.

X

Member Signature

Time Signed

Date Signed

TDL Employee Receiving Order

Date Loaded

Time

Loaded By

Authorization to Withdraw ACH Debit Stop Payment Order			
I authorize the withdrawal of the ACH Debit Stop Payment Order as described in boxes A through F above.			
<u>X</u> _____ Authorized Member's Signature	_____ TDL	_____ Date	_____ Employee Signature