

Share Draft or ACH Stop Payment Request



Member Information		
Name:	Home Phone:	Work Phone:
Mailing Address		
Member Account Number:	Email Address:	
Transaction Amount	Originating Company Name and ID/Payee	Check Serial Number
<input type="checkbox"/> \$ _____ <input type="checkbox"/> Any Amount	Name: Company ID:	_____ Only applies to check-related debit entries

By directing Velocity Credit Union to stop payment on the above transaction(s), the member agrees to hold Velocity Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that Velocity Credit Union 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 member 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 Velocity Credit Union reasonable time to act upon it. We will attempt to satisfy your request but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three-business day period. For all nonrecurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

The member 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 item(s). The member agrees to hold harmless and indemnify Velocity Credit Union for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the member to meet the time requirements noted above, or if such payment is the result of failure of the member to furnish any item of information requested above completely, accurately and correctly.

Note: Written Notice is required to revoke any signed authorized stop payment still in effect. Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box below:

I wish to stop payment of a single check/share draft# _____ . (written request accepted only)

(This stop payment order will be effective for 180 days after receipt by Velocity Credit Union and for only the draft number listed above. Velocity Credit Union will not be responsible for stopping payment of a draft with a different or altered number. After the aforesaid time, Velocity Credit Union shall no longer exercise diligence or be liable for payment of such draft under any circumstances and may remove member's instructions and all renewals, if any, from its files and destroy them. All stop payment notifications received will be entered into the system on the following business day. Should the Credit Union ever incur liability to the member for payment contrary to stop payment instructions, the amount of such liability shall not exceed the amount paid on the draft(s).)

On a **Business Account**, I wish to stop one payment only from this ACH Originator. (written request accepted only)

(The stop payment order will affect only one debit from the payee listed above up to six (6) months from the date this order was accepted.)

I wish to stop the next single payment only from this ACH Originator.
(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)

I wish to stop all future payments from this ACH Originator indefinitely.
(The member agrees to provide Velocity Credit Union with written confirmation of the revocation with above listed Originating Company/Payee. If Velocity Credit Union does not receive the required written confirmation, then it will honor subsequent debits to the Account.)

I wish to stop a series of ACH payments or check/share draft numbers.
(Identify the payment dates, or months, of the specific payments from the ACH Originator you wished stopped)

A fee of \$_____ will be assessed to the account as payment for implementing this order.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature

Date

Print Name

For Credit Union use only

Instruction received by:

Date:

Op#: