## **Account Owner**

**Account Number - Suffix** 

Fax: (860) 627-4276

## STOP PAYMENT AUTHORIZATION FORM

TYPE OF STOP PAYMENT ACTION REQUESTED: (see Rate and Fee Schedule for applicable fee)

CHECK (Share Draft) (complete Section A)	ONE-TIME o	only ACH stop payment (complete Section B)
ACH (electronic) withdrawal (compete Section B)	<b>REMOVE</b> ar	n existing stop payment (complete Section C)
CREDIT UNION CHECK (Lost or Stolen only; complete Section A)		
Processed by (initials):	Date/Time:	Fee:
Stop Payment Terms: 360 Federal Credit Union (360FCU) agrees to stop payment on the below-referenced items(s) whereas the accountholder (member) agrees to the following conditions. Stop payment requests can be done by stopping a particular check number (for physical checks) or by company ID number (for ACH withdrawals). In order for 360FCU to obtain a company ID number, that company must have withdrawn from the member's account in the past. By authorizing 360FCU to stop payment on the below-requested items(s), the member agrees to hold 360FCU harmless against any and all loss, claims, costs or damages, to include court costs and attorney's fees that may be incurred by reason of not paying the above transaction(s). The "Stop Payment Authorization Form" must be received at such time and in such manner as to afford 360FCU a reasonable opportunity to act on it prior to any other action being taken on the draft. You agree that in order for us to have a reasonable opportunity to act, we must receive your stop payment request at least two (2) business days before the draft is received or three (3) business days before the ACH is received by us for posting to your account. The term "business day" does not include any Saturday or federal holidays, even though our office may be open. 360FCU will attempt to satisfy all requests, but will not be held liable if sufficient time is not provided. The member agrees that it is necessary to provide the correct information and that failure to do so may result in payment of the item described below. If written authorization is not received; then verbal stop payment authorizations will expire after 14 days.		
SECTION A: CHECK (SHARE DRAFT) STOP PAYMENT		
Check number(s): Amount of	check	Payable to:
SECTION B: ACH (ELECTRONIC) WITHDRAWAL STOP PAYMENT		
Please place a Permanent Stop Payment on the ACH debit. Do not pay any future debits from this company.		
Please place a One-Time Stop Payment on the ACH debit.		
Exact amount of ACH Debit: Co	ompany Name:	
Date for one-time Stop Payment Order to expire:		
SECTION C: REMOVE EXISTING STOP PAYMENT (REVOCATION)		
CHECK Check number (s):		
ACH Company Name:		
I certify under penalty of perjury that the information provided is true and correct and that the transaction referenced above is not originated with fraudulent intent.		
Member Name (printed): Date: Time:	_ Daytime Phone:	
Member Signature ( <b>required</b> ):		