



360 Federal Credit Union

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 only** ACH stop payment (complete **Section B**)
☐ **ACH** (electronic) withdrawal (complete **Section B**) ☐ **REMOVE** an 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 item(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 In order for 360FCU to obtain a company ID number, that company must have withdrawn from the member's account in the past.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 item(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. Written stop payment requests are valid for six (6) months. 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: _____ Company Name: _____

Date for one-time Stop Payment Order to expire: _____

SECTION C: REMOVE EXISTING STOP PAYMENT (REVOCATION)

☐ **CHECK** Check number (s): _____

☐ **ACH** Company Name: _____ Date of Stop payment: _____

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): _____ Daytime Phone: _____

Date: _____ Time: _____

Member Signature (required): _____