

## **ACH Stop Payment Request**

Account Number and Suffix:	Stop Payment Terms and Conditions
Name on the Account:	By directing the Financial Institution to stop payment on the transaction(s) listed on this form, the account holder
Payee/Originator:	agrees that the Financial Institution is not obligated to
	honor a stop payment request that does not contain accurate information provided in a timely manner. The
Amount of Debit:	account holder understands that it is necessary to provide
Expected Clearing Date:	the correct information related to the transaction, and that a failure to do so may result in the payment of the item. The
Reason for Stop Payment:	account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the item if such payment is the
Stop Single ACH Entry	result of failure of the account holder to furnish any requested information completely, accurately, and correctly, according to the time requirements noted below.
Stop All Future ACH Entries under a Specific	
<b>Authorization.</b> I confirm that I have contacted the Payee/Originator and revoked the authorization. I agree to	Stop Payments of ACH Items Affecting Consumer Account
provide a copy of the revocation of authorization to the Financial Institution upon request. I understand that if I resume an authorization with the Payee/Originator, I must contact the Financial Institution to remove previously placed stop payment order. Member's Initials:  Remove Previously Placed Stop Payment  A Stop Payment Fee will be assessed to the account holder according to the current fee schedule for processing this request.  I have read and accept the terms and conditions of the ACH stop payment. I further attest that the transaction(s) described above 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 that the foregoing is true and correct.  Member's Signature:	This stop payment request shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, or (2) the return of the debit entry, or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Payee/Originator, the return of all such debit entries. For preauthorized payments a three banking days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three banking days of the expected transfer date, the Financial Institution will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided. For other payments, the stop payment request must be provided to the Financial Institution in such a time and in such a manner as to allow the Financial Institution reasonable time to act on the request prior to acting on the debit entry.
Marikaria Nama.	Stop Payments of ACH Items Affecting Non-Consumer Accounts
Date Received: Time: am pm	The stop payment order is effective for six months unless it is renewed in writing. The stop payment order must be
Written Request: Verbal Request:	provided to the Financial Institution at such time and in such manner as to allow the Financial Institution a
Verbal stop payment requests are effective for 14 calendar days only, unless confirmed in writing within the 14-day period to:	reasonable opportunity to act upon the stop payment order prior to acting on the debit entry.
BrightStar Credit Union	
PO Box 8966 Fort Lauderdale, FL 33310	
Employee's Initials: Date:	
EFT Specialist's Initial's: Date:	For Internal Use Only