



## STOP PAYMENT REQUEST FOR CHECKS AND ACH ENTRIES

TRANSACTION TYPE:    ACH/ELECTRONIC CHECK    CHECK    PAPER DRAFT  
 WRITTEN REQUEST-ORIGINAL    WRITTEN REQUEST-RENEWAL    VERBAL REQUEST\*

Today's Date:	Time:	a.m.	p.m.
Account Number:	Account Type:	Checking	Savings
Account Name:	Expected Clearing Date:		
Payable To (or Company ID/RT):			
Check Number(s):	Amount:		
For POP, RCK, and ARC ACH Debits, and Check or Paper Drafts Reason for Stop Payment:			

\*For verbal request of stop payments, RiverFall Credit Union (RiverFall) will provide this form to account holder for signature. The signed form must be returned to RiverFall by the date specified by RiverFall. The verbal stop payment order will cease to be binding after 14 calendar days.

### STOP PAYMENT TERMS AND CONDITIONS

On the terms hereinafter set out, the undersigned account holder hereby instructs RiverFall to stop payment on the above transaction(s). The stop payment order for non-ACH entries shall remain in effect for a) six months, b) until written notice is received from the account holder to revoke the stop payment order, or c) until payment of the entry has been stopped, whichever occurs first. The account holder may renew this request when the six-month period has expired by completing a new Stop Payment Request. The stop payment order for an ACH entry shall remain in force until the earlier of: a) the withdrawal of the stop payment order by the Receiver, or b) the return of the debit entry, or, where a stop payment order applies to more than one debit entry relating to a specific authorization involving a specific Originator, the return of all such debit entries.

By directing RiverFall to stop payment on the above transaction(s), the account holder agrees to hold RiverFall harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that RiverFall 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 account holder understands that the stop payment request must be received in time to give RiverFall reasonable time to act upon it.

**Check one of the following boxes:**

**For PPD entries and recurring WEB entries:**

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, RiverFall will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided.

\_\_\_\_\_ (Account Holder initial here)

**For all other transaction types:**

Check    ARC Entry    CTX Entry    TEL Entry    WEB Entry (Single entry only)    Paper Draft    CCD Entry    RCK Entry    POP Entry

The stop payment request must be provided to RiverFall in such a time and in such a manner as to allow RiverFall reasonable time to act on the request prior to acting on the paper item or ACH entry.

\_\_\_\_\_ (Account Holder initial here)

Account holder understands that it is necessary to provide the correct information related to the transaction, and that failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify RiverFall for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely and accurately.

A charge, as reflected below, will be assessed to the account holder as payment for implementing this order. **FEE ASSESSED: \$** \_\_\_\_\_

**I FURTHER DEPOSE AND SAY THAT THE DEBIT TRANSACTION 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 UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

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Date    Account Holder Signature    Print Name

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Date    RiverFall Signature    Print Name