

RadiFi Credit Union

STOP PAYMENT REQUEST FOR ACH & CHECKS

On the terms and conditions set out below, the undersigned account holder hereby instructs RadiFi Federal Credit Union to stop payment on the transaction(s) indicated below:

Today's Date: _____

Member Name: _____

Account No: _____

Checking: _____ Savings _____

A fee of \$_____ will be assessed to the account holder as payment for implementing this stop payment. The fee can be taken from: _____ Savings _____ Checking

- Stop ACH
- Verbal Request **Expires:**
- Cancel Stop Payment

Company ID No: _____

Company Name: _____

Amount: _____

- Stop Draft
- Verbal Request **Expires:**
- Cancel Stop Payment

Draft Number(s): _____ - _____

Payee Name: _____

Amount: _____

Reason for Stop Payment: _____

By directing RadiFi Credit Union to place a stop payment on the above transaction(s), the account holder agrees that RadiFi Credit Union is not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner. The account holder understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify RadiFi Credit Union 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 furnish any item of information requested above completely, accurately, and correctly, according to the time requirements noted below.

Verbal stop payment orders will cease to be effective 14 days from the date shown below unless written confirmation is provided by the 14th day. Stop payment orders shall remain in effect until the stop payment order is cancelled by the account holder.

Date

Member Signature

Date

Employee Signature