



Stop Payment Request

You must complete, print and sign this form. You may fax this form to 918.582.7588 or bring it by one of the EFCU locations **Your signature is required to complete this process.**

All fields are required.

Draft/Check Preauthorized Electronic Fund Transfer Electronic Draft/Check Conversion Transaction

First and Last Name _____

Address _____

City, State and Zip Code _____

Phone Number _____ Account Number _____

Check Number to Stop Payment _____ Payable To _____

Amount _____ Date of Item/Transfer _____

DISCLOSURE: This form must be signed and returned to Employees Federal Credit Union. Thereafter, the process for a draft stop payment will remain in effect for six months or until the earlier of (1) the withdrawal of the stop payment order by the Receiver, or (2) 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. Employees Federal Credit Union is not liable for share drafts that have already been processed or presented. **The fee for this service is \$35 which will be charged to your share draft account.**

1. **Item Description** - I request the Credit Union to stop payment on the share draft or check (either referred to hereinafter as "item".) Preauthorize Electronic Fund Transfer, or Electronic Draft/Check Conversion Transaction described above. I warrant that the above description, including the date or scheduled transfer date, its exact amount, the item number, and payee are correct. I understand that the EXACT information is necessary for the Credit Union's computer to identify the item, transfer, or conversion transaction. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment. 2. **Electronic Draft/Check Conversion Transaction** - I understand that if I authorize the conversion of an item to an electronic transaction that it will be presented for payment electronically through automated clearinghouse (ACH) processes. Unless the box for Electronic Draft/Check Conversion Transaction located above is marked, I warrant that the item upon which I am requesting to stop payment is not an Electronic Draft/Check Conversion Transaction. I understand that the Credit Union will not stop payment on an item if it is processed as an Electronic Check/Draft Conversion Transaction and I have not indicated that above. 3. **Preauthorized Electronic Fund Transfer** - I understand that a request to stop the payment of a Preauthorized Electronic Fund Transfer will only apply to the transfer scheduled for the date noted in the "Date of Item" section. If I wish to stop additional Preauthorized Electronic Fund Transfers, I will submit additional Stop Payment Requests. 4. **Stop Payment Requests** - I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Request is received by the Credit Union within a reasonable time for the Credit Union to act on my request prior to final payment or similar action or at least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer. I understand that my Stop Payment Request is conditional and subject to the Credit Union's verification that the item has not already been paid or that some other action to pay the item has not been taken. I understand that my Stop Payment Request will be effective as follows: for a written request, a period of (6) six months from the date of this request unless I withdraw this request or renew the request for additional periods, in writing. I also agree to notify the Credit Union promptly upon the issuance of any duplicate item which replaces the item subject to this request or upon return of the original item. I agree to pay the Credit Union a stop payment fee for each request as set forth above. 5. **Indemnification** - I agree to indemnify and hold the Credit Union Harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me. 6. This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the state where the Credit Union's main office is located, by automated clearinghouse rules and by other local clearinghouse rules. **I have read the Disclosure and Terms and Conditions above. I agree to these conditions, and hereby authorize Employees Federal Credit Union to proceed with this Stop Payment Request.**

Member Signature

Date