

STOP PAYMENT ORDER REQUEST

Today's Date
Account Number
Date Check(s) Written
Payable To
Check(s) Serial No

Time a.m. / p.m. Contact me at:
Account Name
Expected Clearing Date for ACH
Transaction Amount \$
Reason for Stop Payment

(Required for POP, ARC, BOC & RCK Debits)

Consumer Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Highmark Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). The stop payment order 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. **Where this stop payment order applies to more than one debit entry relating to a specific authorization involving a specific Originator, this order shall be effective for the return of all such debit entries as identified above.**

I hereby request the following type of stop payment on my consumer account:

One Time ACH Stop Payment **Recurring ACH Stop Payment (complete following section)**

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, 1) but on _____ (date), revoked that authorization by notifying _____ (company name) in the manner specified in the authorization; or 2) will be notifying _____ (company name) on _____ (date) in the manner specified in the authorization.

Non-Consumer (Corporate) Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Highmark Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). When confirmed in writing, the stop payment order shall remain in effect until the earliest of 1) the withdrawal of the stop payment order by the account holder; 2) the return of the debit entry; or, 3) six months from the date of this stop payment order request.

I hereby request the following type of stop payment on my corporate (non-consumer) account:

One Time ACH Stop Payment **Recurring ACH Stop Payment (effective for six months)**

Check Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Highmark Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$30.00

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution 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 order request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above items(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) 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, accurately and correctly.

I further state that the debit transaction(s) 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.

Date _____ Account Holder Signature _____ Print Name _____

I hereby declare that I wish to revoke this stop payment order effective _____ Signed _____

FOR FINANCIAL INSTITUTION USE ONLY

Signed Stop Payment Order Request Form Received on _____ by _____

Stop Payment Order Withdrawal Received on _____ by _____

REVOCATION OF AUTHORIZATION FOR CONSUMER ACH DEBITS

This form used for Option 2 on Consumer Account ACH Stop Payment

Attn:

Company Name

Street Address

City, State Zip

As of this date _____, I, _____ terminate any authorization agreement covering ACH debits and/or pre-authorized debits from my account _____ at Highmark Federal Credit Union and instruct your company (and/or your subsidiary organizations) to cease all automatic debits in any form from my account.

According to my information, my policy number or account number with your company is _____. The amount of the most recent debit was \$ _____.

Please be advised that with this revocation notice, you can no longer send these debit entries to my financial institution. I indemnify Highmark Federal Credit Union from any and all liability associated with the return of future debit entry attempts.

In addition to notifying you of my revocation, I will keep a copy of this notice and provide a copy to Highmark Federal Credit Union.

Customer's Signature

Customer's Printed Name