



Credit Union Use Only Received by: Teller#___

__ Date: __

_ Fee: __

Processes by#___ Company ID (ACH only):_

Member Information	
Name:	Date:
Account #	Contact#
☐ Check / Share Draft - Stop Payment on the Following Check Nu ☐ Single Check Check Number: Check Date of Check: Amour	Range of Checks Numbers in Range:
□ EFT / ACH - Recurring Pre-Authorized Electronic Fund Transfers	
Enter the exact name of the Company as it appears on the account statement and the exact amount of the recurring payment. Merchant / Company Name: Please indicate your specific instruction for stopping payment from the Merchant / Company named above by checking the appropriate box. Select One: I wish to stop all future payments from this Merchant / Company indefinitely. Check this box if stop request applies to ALL amounts submitted by the Merchant/Company listed above Wish to stop the next payment from this Merchant/Originator only. (Future entries from this Merchant / Company are to be paid, unless I provide you with an additional stop payment order) Wish to stop a series of payments from the Merchant / Company as described here:	
☐ Request to Remove Previously Placed Stop Payment as Described Above - Member's Signature Required	
Do NOT select unless requesting that University Credit Union remove a previously placed stop payment. Details of original Stop Payment required above. Stop Payment above is hereby cancelled	
STOP PAYMENT TERMS & CONDITIONS	
On the terms hereinafter set out, the undersigned account holder hereby instructs University Credit Union to stop payment on the above transaction(s). By directing University Credit Union to stop payment on the above transaction(s), the account holder agrees to hold University Credit Union harmless against any and all loss, claims, damage and costs, including court costs and attorney's fees, that University Credit Union may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or renewal thereof.	
The stop payment request must be provided to University Credit Union in such a time and in such a manner as to allow University Credit Union reasonable time to act on the request prior to acting on the paper item or ACH/EFT debit entry. Three (3) business 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 request is received after the aforementioned dates, University Credit Union will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided.	
The account holder also understands that it is necessary to provide accurate information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question, and that a failure to do so may result in payment of the above item. The account holder agrees to hold harmless and indemnify University 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 (such as check serial number, amount, etc.) requested above completely, accurately and correctly.	
A charge, as disclosed in our current University Credit Union Fee Schedule, will be assessed to the account holder as payment for implementing this stop payment request. The account holder further represents that the debit 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.	
The account holder agrees to the terms and conditions as outlined in the "Membership and Account Agreement" and "Electronic Funds Transfer Agreement and Disclosure", receipt which is acknowledged by the account holder's signature below.	
Member's Signature:	
☐ Verbal Request - Verbal Requests are only valid for ten (10) business days from the date of the request unless a completed and signed Stop Payment Order has been received by University Credit Union before the ten (10) business days have elapsed.	
Completed forms may be walked into any branch or submitted to our Payments Department via Fax to: 424-320-4716 or Mailed to: 1500 S. Sepulveda Blvd. LA CA 90025	