ISLAND FEDERAL

STOP PAYMENT REQUEST FOR CHECKS AND ACH TRANSACTIONS

Member Name: _____ Date and Time: _____

Member #_____ ☐ Savings ☐ Checking ☐ Money Market Expected Clearing Date: _____

This request is for the following payment type (**select one**):

☐ **CHECK/SHARE DRAFT:**

A) Single: Check Number: _____ Amount: _____

Payable to _____

B) Multiple: Starting Check Number:_____ Ending Check Number: _____

☐ **ACH/ELECTRONIC:**

Payee Name: _____

Amount (**select one**): ☐ All Amounts ☐ Specific Amount $: _____

Stop Expire on (Date) _____ **(CANNOT EXCEED SIX MONTHS FOR NON-CONSUMER/BUSINESS ACCOUNTS)**

☐ **Cancel Existing Stop Payment**

Amount: _____ Check Number(s), if applicable: _____

ACH Payee, if applicable: _____

STOP PAYMENT TERMS AND CONDITIONS

By directing Island Federal Credit Union (the Credit Union) to stop payment on the above transaction(s), the member agrees that it is necessary to provide the correct information related to the transaction(s), and that a failure to do so may result in the payment of the above item(s). The member agrees to hold harmless and indemnify the Credit Union for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the member to furnish any information requested completely, accurately, and correctly, according to the time requirements stated within. Verbal stop payment orders will cease to be binding after fourteen (14) calendar days unless written confirmation is provided to the Credit Union by the member within that 14-day period. A stop payment request must be received by the Credit Union at least three (3) business days before a scheduled debit or in time to give the Credit Union reasonable time to act on it.

ACH/ELECTRONIC ITEMS: For CONSUMER ACCOUNTS, the stop payment order will remain in effect until the earlier of the withdrawal of the stop payment order by the member, or the return of the debit entry. For NON-CONSUMER ACCOUNTS, the stop payment order will remain in effect until the earlier of the withdrawal of the stop payment order by the Receiver, the return of the debit entry, or six (6) months from the date of the stop payment order, unless it is renewed in writing. If the stop payment order instructs the Credit Union to stop all future ACH debits pursuant to a specific authorization involving a specific Originator, the member should contact the company to revoke the authorization. Members must contact the Credit Union if a stopped ACH payment continues to debit an account, as companies may change their identification number. The member agrees to provide a copy of the revocation of authorization to the Credit Union upon request.

CHECKS/SHARE DRAFTS: A stop payment order is effective for six (6) months and may be renewed for additional six-month periods by written request to the Credit Union within the period during which the stop payment order is effective. Members must contact the Credit Union in the event that a stopped check debits an account, as there may be an encoding error from the depository institution.

FEES: A stop payment processing fee of $25.00 will be deducted from the above account, as disclosed in the Credit Union's Current Fee Schedule. If you wish to cancel the stop payment order, please contact (631) 851-1100 ext. 1316.

I agree to the Terms and Conditions stated within this request. I further state that the transaction(s) listed above did not originate with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

(Phone requests do not require a signature. A confirmation will be sent to the address on file for validation purposes.)

Member Signature/Authorization: _____ Date: _____

FOR CREDIT UNION USE ONLY:

Request Type: ☐ Member present ☐ Phone request	Stop Added in XP2/ (ACH added by Member Operations) ☐ Fee Charged ☐ Fee Waived	
Received By (Teller #/ Initials): _____ Date: _____	**Processed By & ACH Company ID #** (Teller # /Initials): _____ Date: _____	**Verified By** (Teller # /Initials): _____ Date: _____