RFCU
Rutgers Federal Credit Union

www.rutgersfcu.org

ACH Stop Payment Request

See RFCU Membership fee schedule for fee

Account/Transaction Information

Name _____ Account Number _____

Daytime Phone # _____ Date of Request _____

Originating Company Name _____

Date Payment Scheduled _____ Amount of Payment _____

Reason for Stop Payment _____

Disclosure:

I agree that Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by the Credit Union within a reasonable time for the Rutgers Federal Credit Union to act on the order, or at least one (1) business days prior to presentment. 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 I must notify Rutgers Federal Credit Union in writing if and when the reason for the stop payment ceases to exist. I agree to hold Rutgers Federal 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 pursuant to this stop payment order, including claims of any joint owner, payee, or endorsee, or in filing to stop payment of an item as a result of incorrect information provided by me. *We reserve the right to cancel this stop payment if it is not signed and returned to us within 14 days from the date of request.* A signed stop payment order will remain in effect until the earlier of the withdrawal of the stop payment order by the receiver or the return of the debit entry, or where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Originator, the return of all such debit entries. I am an authorized signer, or otherwise have authority to act on the account identified in this statement. I have read the statement in its entirety and attest that the information provided is true and correct and that the signature below is my own proper signature.

_____

Member Signature   Date

Internal Use Only		
Received By: _____	Branch: _____	Date: _____
Processed By: _____	Branch: _____	Date: _____