

Today's Date	Time	Request Submitted <input type="checkbox"/> In Person <input type="checkbox"/> Fax/Mail <input type="checkbox"/> Phone	Fax completed form to: Member Services 214-273-7111
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Member Information	Member Name	Account Number
	Email Address	Daytime Phone Number

Check Information	Reason For Stop Payment <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other (please describe):		
	Check Number(s)	Check Amount	Date Check Written
	The undersigned accountholder instructs Las Colinas FCU ("Credit Union") to stop payment on the above transaction (s). The stop payment order shall remain in effect for a) six months; b) until written notice is received from the account holder to revoke the stop payment order; or c) until payment of the entry has been stopped, whichever occurs first. The account holder may renew this request when the six-month period has expired by completing a new Stop Payment Request Order.		

ACH Information	Reason For Stop Payment	
	Name of Company	Expected Clearing Date
	Choose one: <input type="checkbox"/> Enter Exact Dollar Amount for Stop Payment \$ _____; or <input type="checkbox"/> Stop on All Amounts	
	<input type="checkbox"/> I wish to stop the next single payment from this ACH Originator. (Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order). <input type="checkbox"/> I wish to stop all future payments from this ACH Originator. I authorized _____ ("the Company") to originate one or more ACH entries to debit funds from my account, but on ____/____/____, I revoked that authorization by notifying the Company in the manner specified in the authorization.	
	The undersigned accountholder instructs the Credit Union to stop payment on the above transaction. The stop payment shall remain in effect until written notice is received from the accountholder to revoke the stop payment order, or until payment of the entry has been stopped, whichever occurs first.	

Stop Payment Terms and Conditions

By directing the Credit Union to stop payment on the above transaction(s), the account holder agrees to hold the Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Credit Union 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 accountholder agrees that the stop payment request must be received in time to give the Credit Union reasonable time to act upon it. If a stop payment request is received within three banking days of certain ACH debits (PPD, WEB), the Credit Union will attempt to satisfy the stop payment request, but will not be liable if sufficient time was not provided. 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 accountholder within that fourteen (14) day period.

The accountholder also understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. The accountholder agrees to hold harmless and indemnify the 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 accountholder 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.

A charge of \$ _____ will be assessed to the accountholder as payment for implementing this order.

I further depose and say that the debit transaction described above was not originated with fraudulent intent by me or any other person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the forgoing is true and correct.

Member Signature

Date
Credit Union Use

Received By/Date: _____

Fee Charged: _____

Processed by: _____