

ACH STOP PAYMENT REQUEST ORDER

Today's Date _____ Time _____ a.m./p.m. Contact me at:

Account Number _____ Account Name _____

Expected Clearing Date for ACH _____ Payable
To _____ Transaction Amount \$ _____
Check(s) Serial No. _____ Date Check(s) _____
Written _____ (Required for POP, ARC, BOC and RCK Debits) Reason for Stop
Payment _____

___ Stop One ACH Payment (Consumer) – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs **Connecticut Labor Dept FCU** (financial institution), hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until payment of the entry has been stopped, whichever occurs first.

___ Stop Payment for Recurring ACH Entries: ___ PPD ___ WEB ___ IAT (consumer) – Check SEC Code – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs **Connecticut Labor Dept FCU** (financial institution name), hereinafter called "the Financial Institution", to stop payment on the above transaction(s). The stop payment order shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until payment of all entries related to this request have been stopped, whichever occurs first. 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. **The account holder agrees to provide the Financial Institution with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If the Financial Institution does not receive the required written confirmation, then it will honor subsequent debits to the account.**

___ Stop Payment for Check – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs **Connecticut Labor Dept FCU** (financial institution name), 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 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.

Date: Account Holder Signature Print Name

Date
:
Financial Institution Representative Signature Print Name

**FOR FINANCIAL INSTITUTION USE
ONLY**

Manager Approval _____ by _____ Signed
Stop Payment Request Form Received on _____ by _____
_____ Written Confirmation of Revocation Received on
_____ by _____