



Today's Date _____ Time _____ a.m./p.m. Contact me at: _____
 Account Number _____ Account Type: ___ Consumer or ___ Business/Corporate
 Account Name _____ Expected Clearing Date for ACH _____
 Payable To _____ Transaction Amount _____
 Check(s) Serial No. _____ Date Check(s) Written _____
 Reason for Stop Payment _____ (Required for POP, ARC, BOC & RCK Debits)

<p>___ Stop One Consumer ACH Payment Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Railway Credit Union hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect until the earlier of 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.</p>
<p>___ Stop Recurring Consumer ACH Payments Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Railway Credit Union, hereinafter called "the Financial Institution", to stop all subsequent debits from the specific originator and for the amount specified above. 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.</p>
<p>___ Stop Corporate ACH Payment(s): ___ CCD ___ CTX ___ IAT (Non-Consumer) Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Railway Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). A verbal stop pay request for non-consumer payment(s) is only good for 14 days. When confirmed in writing, the stop payment order shall remain in effect for six months.</p>
<p>___ Stop Payment for Check Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Railway Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect for six months.</p>

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$ _____

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 item(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.

I further state that the debit transaction(s) 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. I certify under penalty of perjury that the foregoing is true and correct.

Signature _____ RCU Staff _____ Date _____

By signing below I hereby declare that I wish to revoke this stop payment request order.

Signature _____ Effective Date: _____