Stop Payment Request for Checks & ACH Entries

Transaction Type: ___ ACH[1] ___ Check/Share Draft[2]

Today's date: _____ Time: _____ A.M./P.M.

Routing and Transit: _____

Account Number: _____

Account Type (checking, savings) _____

Account Name: _____

Expected Clearing Date: _____

Payable to: _____

Transaction Amount: $_____

Check or ACH Serial Number(s): _____ to _____

Reason for Stop Payment:

_____

Expiration Date of Stop Payment Order: _____ **(Must be 6 months or less for check/share draft)**

STOP PAYMENT TERMS AND CONDITIONS:
On the terms hereinafter set out, the undersigned account holder hereby instructs Entrust Financial Credit Union, hereinafter called "EFCU"' to stop payment on the above transaction.

[1]**ACH Stop Payment:** This stop payment order is effective until (a) written notice is received from the accountholder to revoke the stop payment order, (b) expiration of the stop payment order as indicated by the account holder above or (c) until payment of the entry has been stopped, whichever comes first. ***For ACH Debits, if the item has not been presented, the stop payment will not be in effect until the item is presented.***

[2]**Check/Share Draft Stop Payment:** This stop payment order is effective for (a) six (6) months, (b) until written notice is received from the accountholder to revoke the stop payment order, (c) expiration of the stop payment order as indicated by the account holder above, or (d) until payment of the entry has been stopped, whichever occurs first.

By directing EFCU to stop payment on the above transaction, the account holder agrees to hold EFCU harmless against any loss, claims, damage and costs, including court costs and attorney's fees, that EFCU may suffer or incur by reason of not paying the above transaction if presented prior to withdrawal of these instructions or renewal thereof. The account holder understands that I am required to also stop this transaction with the originator and/or initiator of this entry in writing. The account holder also understands that it is necessary to provide the correct information, and that a failure to do so may result in payment of the above item. The account holder agrees to hold harmless and indemnify EFCU for all expenses, cost and damages incurred by payment of the above item if such payment is the result of failure of the account holder to furnish any item of information (such as check serial number, amount, etc.) requested above completely, accurately and correctly.

The account holder understands that the Stop Payment Request must be received in time to give EFCU reasonable time to act upon it. Stop payment orders must be placed at least 3 days prior to settlement.

A charge of **$29.00** will be accessed to the account holder as payment for implementing this stop payment request.

Account Holder Signature: _____ **Date:** _____

EFCU Representative: _____ **Date:** _____

Complete and return to:
Entrust Financial Credit Union, PO Box 6882, Richmond, VA 23230 or Fax (804)359-4991

Written authorization must be provided within 14 calendar days from date of request or request will be null and void.

Revised 10/2011