Use this form for stop payment orders for check or one-time-only ACH

STOP PAYMENT ORDER

Read the notice below and then mark one of the following options:

1. **CHECK** **3.** **BOTH** check and ACH debit

2. **ACH DEBIT** (STOP ONE PAYMENT)

Member Name (Please Print) _____ Account No. _____

Address_____

Date of Check or Date of ACH Payment _____ Amount $_____ Check No. _____

Payable to _____

IMPORTANT NOTICE: CHECK CONVERSION TO ACH

Merchants may convert your paper check for electronic payment via automated clearing house (ACH). Merchants may also re-present an insufficient or uncollected funds check by ACH. If you are not sure whether paper clearance or ACH will apply, check Box 3. The credit union is glad to stop payment for you by both methods to ensure that your intentions are carried out. There will be no extra charge to you.

Note. You cannot stop payment on, revoke or have recredit for a conversion unless it was entered for the wrong amount or with incorrect information

I understand that America's Credit Union (ACU) will stop payment on the check or ACH debit described above, on the conditions that (i) I have given ACU reasonable time to act on it; (ii) ACU's cutoff hour has not passed; (iii) I have provided exact information to describe the check or ACH debit; and (iv) if applicable, the scheduled date of a preauthorized ACH debit is more than three business days from this date. I will not hold ACU liable for payment contrary to this request unless ACU failed to exercise ordinary care. ACU's liability shall not in any event exceed the amount of the check unless ACU is shown to have acted in bad faith. I agree to reimburse ACU for any loss it sustains in honoring this request.

I understand that this stop payment order will remain in effect until the earlier of: (1) the withdrawal of the stop payment order by the Receiver, or (2) 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. The stop payment order will remain in effect for six months, unless renewed in writing.

I understand that these disclosures apply to Consumer Accounts and Non-Consumer Accounts.

Fee: $20.00 or $25.00 after three stop payment orders in a six-month period. $10.00 ACH only

_____ _____

Member Signature Date

For Credit Union Use

Received at _____ by _____

(time/date) (employee signature)

Route to: Check stop pay Fee of $ _____ charged to checking by _____

ACH *employee initial*