

SHARE DRAFT STOP PAY REQUEST

A fee of \$25.00 will be assessed at the time of the request. The funds must be available in your account.

Share Draft No.	Date Written/Authorized	Amount	Made Payable To:

Request Verification/Renewal:

- ☐ **C - Certified (Will auto purge after 6 months)**
- ☐ **H – Non purge item (Will remain on account forever)**
- ☐ **V – Verbal (Will purge after 14 days)**

Stop Indicator:

- ☐ **S – Stop Serial No. only**
- ☐ **B – Stop Serial No. and Amount**

- Item Description.** I request the Credit Union to stop payment on the share draft or check (either referred to hereinafter as "item"), Preauthorized Electronic Funds Transfer or Electronic Draft/Check Conversion transaction described above. I warrant that the above description, including the date or scheduled transfer date, its exact amount, the Item Number, and payee are correct. I understand that the EXACT information is necessary for the Credit Union's computer to identify the item, Transfer, or Conversion Transaction. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment.
- Electronic Draft/Check Conversion Transaction.** I understand that if I authorize the conversion of an item to an electronic transaction that it will be presented for payment electronically through automated clearinghouse (ACH) processes. Unless the box for Electronic Draft/Check Conversion Transaction located above under the Item No(s)/Type section is marked, I warrant that the item upon which I am requesting to stop payment is not an Electronic Draft/Check Conversion Transaction. I understand that the Credit Union will not stop payment on an item if it is processed as an Electronic Check Conversion Transaction and I have not indicated that above.
- Preauthorized Electronic Funds Transfer.** I understand that a request to stop the payment of a Preauthorized Electronic Funds Transfer will only apply to the transfer scheduled for the date noted above, under the Date of Item/Transfer section. If I wish to stop additional Preauthorized Electronic Funds Transfers, I will submit additional stop payment requests.
- Postdated Items.** If this is a Postdated Item Notice, as indicated above, I hereby request the Credit Union to Stop Payment of the item if presented for payment prior to the date of the item. This Postdated Item Notice is subject to all terms and conditions for Stop Payment Requests.
- Stop Payment Requests.** I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Request is received by the Credit Union
 - Within a reasonable time for the Credit Union to act on my request prior to final payment or similar action; or
 - At least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer.

I understand that my Stop Payment Request is conditional and subject to the Credit Union's verification that the item has not already been paid or that some other action to pay the item has not been taken. I understand that my Stop Payment Request will be effective as follows: for an oral request, a period of fourteen (14) days from the date of this request; for a written request, a period of six (6) months from the date of this request unless I withdraw this request or renew the request for additional periods, in writing. I also agree to notify the Credit Union promptly upon the issuance of any duplicate item which replaces the item subject to this request or upon return of the original item. I agree to pay the Credit Union a stop payment fee for each request as set forth above.

- Indemnification.** I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me.
- This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the State of Pennsylvania, by automated clearinghouse rules and by other local clearinghouse rules.

Date of Initial Request _____

MSR Initials _____

Member Signature _____

Date _____

Member Signature _____

Date _____

Stop Payment –Share Draft Instructions

1. Navigate to Member Services / Account Information / Overview Tab and search for the member
2. In the Activities Tab / Member Requests / Select Draft Stop Payment Icon
3. Share Draft Stop Pay Grid – Select Add – A new line will be added to the grid
4. Stop Code – Choose one of the following:
 - C – Certified - this will auto purge after 6 months
 - H – Non-Purge – this will not auto purge. You must manually delete to remove
 - V – Verbal – Temporary Stop that will auto purge after 14 days
5. Start Draft – Enter draft number or first draft in a range
6. End Draft – Enter the same draft number again only one, or the last if a range of drafts
7. Draft Amount
8. Share/Note = Select checking account
9. Draft ID – Select the prefilled micr line for the checking
10. Stop Date – Today
11. Stop Indicator - Options are S, A, B or O - Please use one of the following
 - S – Stop Serial Number Only
 - A – Stop anything with that amount
 - B – Stop Both Serial Number and Amount
 - O – Stop anything with that amount or serial number (this may cause more than one item to be stopped)
12. Fee – check box to apply the fee during back-office processing
13. Prs – Leave blank
 - if there is a check in this box, that means that the draft attempted to clear after stop payment was placed.

SAVE