AdventHealth Credit Union

# STOP PAYMENT ORDER
# CHECKS AND ACH ENTRIES

Financial Institution Name: _____ ("the Financial Institution") On the terms and conditions set out below, the undersigned accountholder hereby instructs the Financial Institution to stop payment on the transaction(s) described below:

☐ ACH/CONVERTED CHECK ☐ CHECK/SHARE DRAFT/PAPER DRAFT

☐ Written Request ☐ Renewal
☐ Verbal Request ☐ Cancellation (*initial below)

Today's Date: _____ Time: _____ ☐ a.m. ☐ p.m.

Account No.: _____

Account Name: _____

Account Type: ☐ Checking ☐ Savings ☐ Consumer ☐ Business

Date of Debit: _____ Amount: _____

Payable To/Originator ("the Company"): _____

Check Serial Number(s): _____

*Provide check serial numbers for POP, RCK, ARC, and BOC ACH Debits, and Check/Share Drafts or Paper Drafts.*

Reason for Stop Payment: _____

Select **one** of the following Stop Payment types:

☐ Stop a Single Transaction ☐ Stop Multiple Transactions ☐ Stop All Future ACH Debit Transactions

- **Stop a Single Transaction** means stopping one check or one ACH debit from settling to an account. Can be used for consumer or commercial transactions.
- **Stop Multiple Transactions** means stopping more than one check or more than one ACH debit from the same Originator (but not ALL future checks or ACH debits). Can be used for consumer or commercial transactions. Not for use when checks have been lost or stolen. Date range to stop payments: _____
- **Stop All Future ACH Debit Transactions** means stopping all future ACH debit transactions pursuant to an authorization involving a specific Originator.
  *The RDFI may require the Receiver to initial here to indicate that they have contacted the Company to revoke the authorization:* _____

**A fee of $_____ will be assessed to the accountholder as payment for implementing this order.**

***If cancelling prior stop payment order, initial here: _____ Original stop payment was placed on _____ (date).**

BY SIGNING BELOW, I AGREE TO AND ACCEPT THE TERMS AND CONDITIONS BELOW. I FURTHER DEPOSE AND SAY THAT THE TRANSACTION(S) DESCRIBED ABOVE 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 THAT THE FOREGOING IS TRUE AND CORRECT.

| Date | Accountholder Signature | Print Name | Phone Number |
|---|---|---|---|
| Date | Financial Institution Representative | Print Name | Extension |

## STOP PAYMENT TERMS AND CONDITIONS

By directing the Financial Institution to stop payment on the above transaction(s), the accountholder agrees that the Financial Institution is not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner. The accountholder understands that it is necessary to provide the correct information related to the transaction. Failure to do so may result in the payment of the above item. The accountholder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the accountholder to furnish any item of information requested above completely, accurately, and correctly, according to the time requirements noted below. If written confirmation is required, oral stop payment orders cease to be binding after 14 calendar days unless written confirmation is provided to the Financial Institution by the accountholder with in that 14 day period.

### Additional Terms and Conditions for Stop Payments of ACH/Converted Check Items Affecting Consumer Accounts

This stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the accountholder, 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 the Company, the return of all such debit Entries. For Recurring Entries: At least three Banking Days advance notice prior to the expected receipt date of the debit Entry may be required to implement the stop payment request. If the stop payment order is received within three Banking Days of the expected receipt date, the Financial Institution will attempt to satisfy the request of the accountholder but will not be held liable if sufficient time was not provided. For ARC Entries, BOC Entries, POP Entries, RCK Entries, Single Entries and Subsequent Entries: The stop payment request must be provided to the Financial Institution in such a time and in such a manner as to allow the Financial Institution reasonable time to act on the request prior to acting on the debit Entry.

### Additional Terms and Conditions for Stop Payments of ACH/Converted Check Items Affecting Business (Non-Consumer) Accounts

The stop payment order will remain in effect until the earlier of (1) the withdrawal of the stop payment order by the Receiver; (2) the return of the debit Entry; or (3) six months from the date of the stop payment order, unless it is renewed in writing. The Financial Institution may establish a longer effective period for a stop payment order. The Financial Institution may not require the renewal to be in writing, they would determine how to accept the renewal on the stop payment order. The stop payment order must be provided to the Financial Institution at such time and in such manner as to allow the Financial Institution a reasonable opportunity to act upon the stop payment order prior to acting on the debit Entry.

### Additional Terms and Conditions for Stop Payments of Check/Share Draft/Paper Draft Items

A stop payment order is effective for six months and may be renewed for additional six-month periods by written request to the Financial Institution within the period during which the stop payment order is effective. The stop payment request must be provided to the Financial Institution in such a time and in such a manner as to allow the Financial Institution reasonable time to act on the request prior to acting on the item.

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