



STOP PAYMENT REQUEST AUTHORIZATION & AGREEMENT

MEMBER INFORMATION

Member Name: _____ Member Number: _____ E-mail Address: _____
 Address: _____ City: _____ State: _____ Zip: _____

Request Verification Type: Oral Request Written Request Revocation of Written Request

Stop Payment of Check(s)

Check #:	<input type="text"/>	Payable To:	<input type="text"/>	Amount:	<input type="text"/>	Date of Item/Transfer:	<input type="text"/>
Check #:	<input type="text"/>	Payable To:	<input type="text"/>	Amount:	<input type="text"/>	Date of Item/Transfer:	<input type="text"/>

Stop Single Preauthorized Electronic Funds Transfer (ACH)

Description/Name of Item:	<input type="text"/>	Amount:	<input type="text"/>	Date of Item/Transfer:	<input type="text"/>
Description/Name of Item:	<input type="text"/>	Amount:	<input type="text"/>	Date of Item/Transfer:	<input type="text"/>

Stop Recurring Preauthorized Electronic Funds Transfers (ACH)

Description/Name of Item:	<input type="text"/>	Amount:	<input type="text"/>	Date of Item/Transfer:	<input type="text"/>
Description/Name of Item:	<input type="text"/>	Amount:	<input type="text"/>	Date of Item/Transfer:	<input type="text"/>

TERMS & CONDITIONS: I understand a fee will be assessed to my account as payment for implementing this request. The fee amount is **\$25.00** per request. By directing ICCU to stop payment on the above transaction(s), I agree to indemnify and hold ICCU 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(s), 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. I understand that the stop payment request must be received at least three business days before the scheduled date of a Preauthorized Electronic Funds Transfer or within a reasonable time for ICCU to act on my request prior to final payment or similar action. I understand that my Stop Payment Request is conditional and subject to ICCU verification that the item(s) has not already been paid or that some other action to pay the items has not been taken. I further understand that my Stop Payment Request will be effective as follows: a.) an oral request is effective for a period of 14 days from the date of the request; b.) a written request for share drafts and electronic share draft conversion is effective for a period of 6 months unless I withdrawal the request or renew the request in writing for additional periods; c.) a request to stop a single preauthorized electronic fund transfer is effective until the single transaction is stopped; d.) a request to stop a reoccurring preauthorized electronic fund transfer is effective for all subsequent transfers unless I withdrawal the request in writing. I also agree to notify ICCU promptly upon the issuance of any duplicate item which replaces the item subject to this request or upon return of the original item. This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the State of Illinois, to automated clearing house rules, to other local clearinghouse rules and to the Electronic Funds Transfers Act, as applicable.

Member Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

OFFICE USE ONLY

Completed By: _____ CU*Base ID: _____ Date: _____