

**CREDIT UNION OF GEORGIA**  
**(hereinafter called "Financial Institution")**

**Check & ACH Stop Payment Request Form**

Date Request Accepted: \_\_\_\_\_ Time \_\_\_\_\_ Request Received: ☐ In-Person ☐ Phone ☐ Online

Account Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: ☐ Consumer\* ☐ Non-consumer

Amount of check or ACH: \_\_\_\_\_ Payable To: \_\_\_\_\_

For checks and converted checks: Check Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Replacement Check #: \_\_\_\_\_

For ACH Entries, for which no check was written: Expected Settlement Date: \_\_\_\_\_

Reason for Stop Payment (optional): \_\_\_\_\_

The undersigned account holder instructs the Financial Institution to stop payment on the above-identified transaction(s) pursuant to the terms and conditions described below.

Pick One: ☐ **Stop a check (consumer and non-consumer)**: a signed stop payment order will remain in effect for six months.

☐ **Stop a single ACH payment (consumer and non-consumer)**: a signed stop payment order will remain in effect until the earliest of (1) the withdrawal of the stop payment order by you, the Receiver, or (2) the return of the debit entry.

☐ **Stop multiple ACH entries pursuant to a revoked authorization with the originating company (consumer only)**: a signed stop payment order will remain in effect until the earlier of (1) the withdrawal of the stop payment order by you, the Receiver, or (2) the return of all such debit entries if written confirmation of revocation is provided to the Financial Institution. This reason indicates that the account holder previously authorized the company identified in the "Payable To" field to originate one or more ACH debit entries from the above account, but revoked or will revoke authorization by notifying the company in the manner specified in the authorization.

☐ **Stop multiple ACH entries where no authorization was or is in place (consumer and non-consumer)**: a signed stop payment order will remain in effect until the withdrawal of the stop payment order by you, the Receiver.

If UNPAID, you are hereby requesting the Financial Institution to stop payment of this item(s). The undersigned agrees to hold the Financial Institution harmless for all expenses and costs incurred by the institution on account of refusing payment thereof. The account holder 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 as specified under the Account Disclosure, Rules, and Regulations. A verbal stop payment request is effective for only 14 calendar days unless confirmed in writing.

\*Consumer account is defined as an account established by a natural person primarily for personal, family or household (not commercial) purposes.

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I have read and accept the terms and conditions above. 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.

I understand that my account will be charged \$25.00.

_____	_____	_____
Account holder's Signature	Date	Staff Initials

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WITHDRAWAL: I hereby withdraw this stop payment order. Withdrawal is effective upon dated signature of the person who initiated the stop payment order.

_____	_____	_____
Signature	Date	Staff Initials