

**BRAZOS VALLEY SCHOOLS CREDIT UNION  
STOP PAYMENT REQUEST ORDER**

**INTERNAL USE ONLY**  
Verbal (ACH Only)  
Written

Today's Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m. Contact Member At \_\_\_\_\_  
Member Name \_\_\_\_\_ Member Number \_\_\_\_\_ Share ID \_\_\_\_\_

**Checks Only**

Payable To \_\_\_\_\_  
Check No(s) \_\_\_\_\_  
Date Check(s) Written \_\_\_\_\_  
Transaction Amount \$ \_\_\_\_\_

**ACH Only**

Company ID \_\_\_\_\_  
Party Debiting the Account \_\_\_\_\_  
Expected Date of Debit for ACH \_\_\_\_\_  
Amount of Debit \$ \_\_\_\_\_

**Stop Payment for Check – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Brazos Valley Schools Credit Union to stop payment on the above transaction. The stop payment shall **REMAIN IN EFFECT FOR SIX (6) MONTHS**.

**Stop ACH Payment / Converted Check Payment (Electronic Draft/Check Conversion Transaction) – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Brazos Valley Schools Credit Union to stop payment on the above transaction. The stop payment shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; 2) until payment of the entry has been stopped, whichever occurs first.

**Stop Payment for Recurring ACH Entries (Member has revoked authorization) – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Brazos Valley Schools Credit Union, to stop payment on the above transaction. The stop payment shall remain in effect until written notice is received from the account holder to revoke the stop payment order.

I authorized \_\_\_\_\_ (company name) to originate one or more ACH entries to debit funds from my account, but on \_\_\_\_\_ (date) I revoked this authorization by notifying them in the manner specified in the authorization.

I am requesting that you stop payment on the item described and checked above. I understand that the oral Stop Payment request will expire in fourteen (14) days unless I sign and return this form.

**Stop Payment for Post-Dated Item – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Brazos Valley Schools Credit Union to stop payment on the item indicated above if presented for payment prior to the date of the item. This Post-Dated Item Notice is subject to all terms and conditions for Stop Payment Requests.

If this box is checked, I have asked you to **Stop Payment on the Amount rather than the Check Number or ACH Company ID**. I understand that you advise against this request and that this will result in the return of any item presented against this account for this dollar amount during the time this Stop Payment Request is in effect.

FEE: A **\$25.00** fee, as disclosed in your *Schedule of Fees and Service Charges*, will be assessed to my Brazos Valley Schools Credit Union account for processing this Stop Payment Request.

**INDEMNIFICATION:** By directing Brazos Valley Schools Credit Union to stop payment of this item, I agree to hold Brazos Valley Schools Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney' fees (to the extent permitted by law) that are incurred as a result of Brazos Valley Schools Credit Union having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request is conditional and subject to the Credit Union' verification that the item has not already been paid. I understand this request must be accurate and must be received in time to give Brazos Valley Schools Credit Union reasonable time to act on it. If I am requesting that you stop payment on an ACH debit, I understand this request must be received no less than three (3) business days prior to the expected Date of the ACH debit.

This Stop Payment Request is subject to the Texas Uniform Commercial Code, to automated clearinghouse rules and to the Electronic Funds Transfer Act, as applicable.

Verbal order on ACH Stop Payment request will expire on \_\_\_\_\_ unless signed stop pay request is received within 14 days.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE ONLY:** Processed By # \_\_\_\_\_ Teller No \_\_\_\_\_ Date \_\_\_\_\_