

Stop Payment Request

Member Name _____ Member # _____ Fee _____

REQUEST

<input type="checkbox"/> Check <input type="checkbox"/> Single Preauthorized Electronic Fund Transfer <input type="checkbox"/> Recurring Preauthorized Electronic Fund Transfer		
Check No./Company Identifier	Date of Item/Transfer	Payable To/Company Name
Amount	Reason for Stop Payment	
Other Information		
<p>You hereby revoke authorization of the Preauthorized Electronic Fund Transfer payable to this Payee.</p>		
<p>In asking that Henrico Federal Credit Union stop payment on this item, the undersigned agrees to indemnify and hold such Credit Union harmless for said amount and for all expenses and costs, including a reasonable attorney's fee, incurred by it on account of refusing payment of said item, and further AGREES NOT TO HOLD THE CREDIT UNION LIABLE ON ACCOUNT OF PAYMENT CONTRARY TO THIS REQUEST IF MADE THROUGH INADVERTENCE OR ACCIDENT, or by reason of such insufficient funds. If a duplicate check is issued or if the original check is returned, the undersigned agrees to NOTIFY THE CREDIT UNION PROMPTLY. Stop payment orders on debit entries to consumer accounts will remain in place until the Receiver's withdrawal of the stop payment order or the return of the debit entry, whichever occurs first. In cases where a stop payment order applies to more than one entry relating to a specific authorization of an Originator, the stop payment order will remain in place until the return of all such entries. For stop payment orders on debit entries to non-consumer accounts, the order will remain in place until the earlier of the Receiver's withdrawal of the stop payment order; the return of the debit entry; or six months from the date of the stop payment order, unless it is renewed in writing. For expense in handling this stop payment order we will charge your account.</p>		
Member's Authorized Signature _____		Date _____
Member's Authorized Signature _____		Date _____
Date of Request: _____ Time Received: _____ By: _____		

RELEASE

Check No./Company Identifier	Date of Item/Transfer	Payable To/Company Name
<p>Release Received And Accepted By Credit Union</p>		
<p>By signing below, you authorize the Credit Union to release the stop payment previously placed on the above referenced check.</p>		
Date _____ Time _____		
By: _____ User No: _____		Member's Authorized Signature _____ Date _____