



Stop Payment Order

1560 Cable Ranch Road, Ste. 200 • San Antonio, TX 78245-2143
 210.673.5610 • 800.227.5328 • Fax 210.678.5292 • GoAFFCU.com

MEMBER / ACCOUNT OWNER INFORMATION

ACCOUNT OWNER NAME	ACCOUNT NUMBER	SHARE NUMBER
DAYTIME PHONE	MOBILE PHONE	
REASON FOR STOP PAYMENT		

YOUR ITEM DESCRIPTION IS IMPORTANT! – The item description(s) below must be EXACT or we will not be able to identify the item, and this stop payment order will not be effective.

CHECK / SHARE DRAFT – STOP PAYMENT ITEM DESCRIPTION

NOTE: A properly signed Stop Payment Order for a Check/Share Draft is effective for six (6) months after the date accepted and will automatically expire (without notice to you) after that period unless renewed in writing.

PAYABLE TO	EXACT DOLLAR AMOUNT (DOLLARS/CENTS)	DATE
CHECK/SHARE DRAFT SERIES BEGINNING WITH NUMBER	CHECK/SHARE DRAFT SERIES ENDING WITH NUMBER	
<input type="checkbox"/> Checks clearing with Zero (0000) as the Check Number	<input type="checkbox"/> I do not know if the item is a check or ACH converted check. Please place both types of stop payment on my account	

ACH DEBIT / PREAUTHORIZED ELECTRONIC FUNDS TRANSFER – STOP PAYMENT ITEM DESCRIPTION

CHOOSE ONE: **ONE-TIME STOP PAYMENT** **PERMANENT STOP PAYMENT**

ORIGINATING COMPANY NAME	ORIGINATING COMPANY ID NUMBER
EXACT DOLLAR AMOUNT (DOLLARS/CENTS)	SCHEDULED PAYMENT DATE

STOP PAYMENT ORDER AGREEMENT

I, the member/owner of the account, and we, AFFCU, will abide by the rules and regulations (as established by the Uniform Commercial Code or other law) governing Stop Payment Orders. To be effective, the account owner understands that he/she must provide the Stop Payment Order to AFFCU in time to allow a reasonable opportunity to act on it, and before the credit union's stop payment cutoff time. The account owner also understands that verbal Stop Payment Orders (including by phone) are binding for 14 CALENDAR DAYS ONLY, unless the account owner confirms the Stop Payment Order in writing on the proper form within the 14 calendar days.

By directing AFFCU to stop payment on the above transaction(s), the account owner agrees to hold AFFCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that AFFCU may suffer or incur by reason or non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account owner understands that the stop payment order request must be received at least three (3) business days before a scheduled debit(s) or in time to give AFFCU reasonable time to act upon it.

The account owner also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account owner agrees to hold harmless and indemnify AFFCU for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account owner to meet the time requirements noted above, or if such payment is the result of failure of the account owner to furnish any item of information requested above completely, accurately and correctly.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

MEMBER/ACCOUNT OWNER SIGNATURE

DATE

AFFCU REPRESENTATIVE

DATE

Please return completed, signed form to:

AFFCU Accounting Department, 1560 Cable Ranch Road, Suite 200, San Antonio, TX 78245 • FAX 210.678.5292 • accounting@airforcefcu.com

CREDIT UNION USE ONLY

<input type="checkbox"/> VERBAL ORDER	TELLER NUMBER	DATE RECEIVED	<input type="checkbox"/> FEE WAIVED	<input type="checkbox"/> FEE ASSESSED – AMOUNT \$_____
<input type="checkbox"/> SIGNED ORDER				