

STOP PAYMENT REQUEST

\$ _____

SERVICE FEE which will be **CHARGED** to your account. **DATE:** _____ / _____ / _____

ACCOUNT NUMBER: _____

AMOUNT: \$ _____

MEMBER NAME: _____

PAYABLE TO: _____

TELEPHONE: _____

REASON FOR STOP PAYMENT: _____

EMAIL: _____

STOP PAYMENT - CHECK(S)

CHECK(s) Stop Payment – The stop payment request shall remain in effect for SIX MONTHS.

DATE Check(s) Written: _____

Individual Check/Draft **NUMBER:** _____

– OR –

Range of Check/Draft **NUMBERS:** _____

STOP PAYMENT - ACH

ONE-TIME ACH Stop Payment – OR – **RECURRING ACH Stop Payment**

The stop payment shall **REMAIN IN EFFECT UNTIL** the earlier of: a) Written notice being received from the account holder to revoke the stop payment order or b) The return of all debit entries.

Expected Item(s) Clearing **DATE:** _____

The authorization was revoked with the ACH Originator on _____ / _____ / _____.

– OR –

The ACH Originator will be notified to revoke the authorization on _____ / _____ / _____.

I hereby agree to hold Library of Congress Federal Credit Union harmless for said amount and to indemnify it against any loss, expenses and costs incurred by reason of its compliance with this stop payment request and further agree not to hold the Credit Union liable on account of payment contrary to this request if it occurs through inadvertence, accident or oversight, or if by reason of such payment other items drawn by the undersigned are returned unpaid. I understand that the stop payment request must be received at least one (1) business day before a scheduled debit(s) or in time to give the Credit Union reasonable time to act upon it. I also understand 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 items(s). It is further agreed that the service fee indicated at the top of this form will be assessed to my account as payment for implementing this stop payment order.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

X _____
Member **SIGNATURE**

PRINT Name

Date

I release the Library of Congress Federal Credit Union from its obligation to stop payment on the above transaction(s).

X _____
Member **SIGNATURE**

PRINT Name

Date

LCFCU Staff Use ONLY SIGNED Stop Payment REQUEST Received (Date/Time) _____ by _____
SIGNED Confirmation of REVOCATION Received (Date/Time) _____ by _____
Trace / Company ID _____