

PARKVIEW COMMUNITY FEDERAL CREDIT UNION
STOP PAYMENT REQUEST ORDER

Today's Date _____ **Time** _____ **am / pm**
Member Number _____
Member Name _____ **Expected Clearing Date** _____
Payable To _____ **Transaction Amount \$** _____
Check Serial Number(s) _____
Reason for Stop _____

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

You are instructing Parkview Community Federal Credit Union to stop payment on the above transaction. You understand that the stop payment order shall remain in effect for six (6) months.

I understand that a charge of **\$34.00** will be assessed to my account listed above as payment for implementing this order.

I agree to have this signed form back to Parkview Community Federal Credit Union within 14 calendar days from today's date. If the Credit Union does not receive the required written confirmation within the allowed time, the stop payment order may be declared void and will no longer be binding. I understand that a "Stop Order" will not release an account holder's legal and binding contract to pay a merchant, company or Originator. I agree to contact the Credit Union immediately if I have reason to believe that there is fraud or unauthorized activity on my account.

I understand that the stop payment request must be received at least three (3) business days before a scheduled debit (s) or in time to give the Credit Union reasonable time to act upon it.

I 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 item (s). I agree to hold harmless and indemnify the Credit Union for all expenses, costs, and damages incurred by payment of the above item (s) if such payment is the result of my failure to meet the time requirements noted above, or if such payment is the result my failure to furnish any item of information requested above completely, accurately and correctly.

I acknowledge receipt of a copy of the Stop Payment Request Order and accept and agree to the terms thereof. I further state that the debit transaction (s) 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. By directing the Credit Union to stop payment on the above transaction (s), I agree to hold the Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney fees, that the Credit Union may suffer or incur by reason of non-payment of the above transaction (s) if presented prior to withdrawal of these instructions or expiration thereof.

Date	Member Signature	Print Name
Date	Credit Union Representative	Print Name

FOR CREDIT UNION USE ONLY

Verbal Stop Payment Request Accepted on _____ by _____
Signed Stop Payment Request Received on _____ by _____
Stop Payment Request Processed on _____ by _____
Stop Payment Removed on _____ by _____
Reason _____