

**PARKVIEW COMMUNITY FEDERAL CREDIT UNION**  
**STOP PAYMENT REQUEST ORDER**

Today's Date \_\_\_\_\_  
Member Number \_\_\_\_\_  
Member Name \_\_\_\_\_  
Payable To \_\_\_\_\_  
Check Serial Number(s) \_\_\_\_\_  
Reason for Stop \_\_\_\_\_

Time \_\_\_\_\_ am / pm  
Account Type \_\_\_\_\_  
Expected Clearing Date \_\_\_\_\_  
Transaction Amount \$ \_\_\_\_\_  
ACH Company ID # \_\_\_\_\_

☐ **Stop One ACH Payment – Terms and Conditions**  
**(R08 but for ARC, BOC, & RCK R38 or R52)**

You are instructing Parkview Community Federal Credit Union, to stop **ONE** payment on the above transaction. This stop payment order shall remain in effect until the earlier of 1) the withdrawal of the stop payment order by the Receiver, or 2) the return of the debit entry or 3) the expiration for stop payment has been reached. The expiration for a one time stop is **one month** from the date it is placed.

☐ **Stop Recurring ACH Payments – Terms and Conditions**  
**(R08 but for ARC, BOC, & RCK R38 or R52)**

You are instructing Parkview Community Federal Credit Union to stop **ALL** payments matching the information at the top of the page. This stop hereby instructs Parkview Community Federal Credit Union to stop **ALL** payments on the above transaction. This stop payment order shall remain **permanently** in effect, unless you contact us to remove it.

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

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

You 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.

You 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). You 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.

You acknowledge receipt of a copy of the Stop Payment Request Order and accept and agree to the terms thereof. You further state that the debit transaction (s) was not originated with fraudulent intent by you or any person acting in concert with you, and that the signature below is your own proper signature. By directing the Credit Union to stop payment on the above transaction (s), you 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 \_\_\_\_\_