gr consumers
CREDIT UNION
1073 Gezon Parkway SW
Wyoming, MI 49509
616-538-2810

# STOP PAYMENT REQUEST: ACH AND CHECKS

| Date of Request: | | Account Number: | |
|---|---|---|---|
| Accountholder Name: | | | |
| Payee/Originator | | | |
| Check/ACH Debit Date: | | Check # (if applicable) | |
| Amount: | | Stop Payment Fee: | |
| Reason for Stop Payment: | | | |

Type of Transaction: ☐ ACH/Electronic Check ☐ Check

☐ **For check or ACH debit:** I would like the above payment stopped one time. The signed stop payment order will remain in effect for **six months on a check,** or **until the ACH debit entry is returned,** or until the stop payment order is withdrawn.

☐ **For consumer only:** I would like to **permanently** stop payment on all ACH debits to the Originator listed above. The stop payment order will remain in effect until the stop payment order is withdrawn or, where this order applies to more than one debit entry relating to the specific Originator identified above, the return of all such debit entries.

☐ **For business/non-consumer only:** I would like to stop payment on the ACH debit to the Originator listed above. I understand **the signed ACH stop payment will remain in effect for six months.** If I wish to extend the stop payment, I understand I must renew it in writing.

**Stop Payment Terms and Conditions**
I/we, the owner(s) of the account number listed above, instruct GR Consumers CU to stop payment on the above transaction(s). I/We understand that if the stop payment is on a check, this stop payment order will expire in six months. If I/we wish to extend the stop payment, I/we understand I/we must renew it in writing. I/we understand that placing a stop payment on an ACH debit does not cancel my authorization with the Originator. I/we understand that, by placing this stop payment request on the transaction(s) listed above that I agree to hold GR Consumers CU harmless against any and all loss, claims, damages and costs, including court costs and attorney's fees that GR Consumers CU may suffer or incur by reason of non-payment of the above transaction(s) if presented prior to withdrawal of these instructions, or the expiration thereof.

**Timing of Stop Payment Order**
I/we understand a stop payment order must be received by GR Consumers CU in time to allow GR Consumers CU a reasonable opportunity to act on it prior to acting on the debit entry; for pre-authorized ACH debit transactions, GR Consumers CU may require a minimum of three banking days notice prior to the scheduled date of the transfer. To be effective, the stop payment order must sufficiently identify the payment. If this stop payment order is accepted orally and I am given notice that a signed confirmation is required, the signed confirmation must be received within fourteen (14) days of the initial oral order. Properly signed stop payment orders are effective for the period described above for the check or ACH debit(s) described above. By signing below, I/we agree to all terms and conditions of this Stop Payment Order.

I am an authorized signer or otherwise have authority to act on the account identified in this statement.

Authorized Signature: _____ Date: _____

**Cancellation of Stop Payment Order**

Authorized Signature: _____ Date: _____

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**For Credit Union Use Only**

**Verbal Request received** **Date** _____ **Time**_____ **By** _____

**Written Request received** **Date** _____ **Time**_____ **By** _____