

STOP PAYMENT REQUEST

Account Type: Consumer Corporate

Account Number:	Date Received:	Reason Return Code
Account Name:	Time Received:	
Contact Phone Number:	<input type="checkbox"/> By Fax Request	<input type="checkbox"/> By Letter Request <input type="checkbox"/> By Phone Request

Stop Payment for ACH Payment (Consumer Account)

Terms and conditions: On the terms hereafter set out, the undersigned account holder hereby instructs CoastLife Credit Union, hereafter called "the Financial Institution", to stop payment on the transactions below. The stop payment order shall remain in effect:

- (1) until the withdrawal of the stop payment order by the Receiver; or
- (2) until the return of the debit entry, or where a stop payment order applies to more than one debit entry relating to a specific authorization involving a specific Originator, the return of all debit entries, whichever occurs first.

Single ACH Payment

 Recurring ACH Payment

Stop Payment for ACH Payment (Corporate Account)

Terms and conditions: On the term hereafter set out, the undersigned account holder hereby instructs CoastLife Credit Union, hereafter called "the Financial Institution", to stop payment on the transactions below. The stop payment order shall remain in effect for six months.

The stop payment order will remain in effect until the earlier of:

- (1) The withdrawal of the stop payment order by the Receiver;
- (2) The return of the debit entry; or
- (3) Six Months from the date of the stop payment order, unless renewed in writing.

Stop Payment for Check

Terms and conditions: On the term hereafter set out, the undersigned account holder hereby instructs CoastLife Credit Union, hereafter called "the Financial Institution", to stop payment on the transactions below. The stop payment order shall remain in effect for six months.

DATE OF DRAFT/ACH	DRAFT NUMBER(S)	TRANSACTION AMOUNT	PAYEE	REASON FOR STOP PAYMENT

STOP PAYMENT TERMS AND CONDITIONS

INITIALS The depositor agrees to indemnify and hold the Credit Union harmless against any or all loss, claims, damages and costs, including court costs and reasonable attorney's fees that the Credit Union may incur by reason of not paying said draft. 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.

INITIALS I agree not to hold the Credit Union liable on accident of payment contrary to this request if same occurs through inadvertence, accident, oversight or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly. And it is understood that this order will automatically expire as stated under "TYPE"above. "A stop payment order for checks shall remain in effect until the earliest of the following occurs; a lapse of six months from the date of the stop payment order, payment of the debit entry has been stopped, or the Receiver withdraws the stop payment order." Stop payments must be returned under the normal return deadlines.

INITIALS A charge of \$25.00 per draft unless in consecutive order must be paid for establishing the STOP PAYMENT ORDER and an additional charge of \$25.00 must be paid for each renewal of STOP PAYMENT ORDER. Total Fee: \$ _____

SIGNATURE: _____ DRIVER'S LICENSE #: _____ DATE: _____

I AUTHORIZE THE CREDIT UNION TO RELEASE THE STOP PAYMENT

INITIALS

SIGNATURE: _____ DRIVER'S LICENSE #: _____ DATE: _____

ORIGINAL - CLCU COPY - Member

FOR CREDIT UNION USE ONLY

- Informed " Must sign in 14 calendar days" Stop Payment Released: Date _____ CU Rep _____
- Stop Payment Verified: Date _____ CU Rep _____ Fee Reversed: Date _____ CU Rep _____

CU Rep: _____