STOP PAYMENT REQUEST

TYPE OF TRANSACTION:

___Draft/Check Item # _____ Payable to: _____
___Preauthorized Electronic Funds Transfer Item Date_____ Service Fee: _____
___Electronic Draft/Check Conversion Transaction Item Amt_____ Member Acct# _____

1. **Item Description.** I request Northeast Community Credit Union to stop payment on the share draft or check (either referred to hereinafter as "item"), Preauthorized Electronic Transfer, or Electronic Draft/Check Conversion transaction described above. I warrant that the above description, including the date or scheduled transfer date, its exact amount, the Item Number, and payee are correct. I understand that the EXACT information is necessary to identify the Item, Transfer, or Conversion Transaction. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment.
2. **Electronic Draft/Check Conversion Transaction.** I understand that if I authorize the conversion of an Item to an electronic transaction, it will be presented for payment electronically through automated clearinghouse (ACH) processes. Unless the box for Electronic Draft/Check Conversion Transaction located above under the Item No(s)/Type section is marked, I warrant that the Item upon which I am requesting to stop payment is not an Electronic Draft/Check Conversion Transaction. I understand that the Credit Union will not stop payment on an item if it is processed as an Electronic Check Conversion Transaction and I have not indicated that above.
3. **Preauthorized Electronic Funds Transfer.** I understand that a request to stop the payment of a Preauthorized Electronic Funds Transfer will only apply to the transfer scheduled for the date noted above, under the Date of Item/Transfer section. If I wish to stop additional Preauthorized Electronic Funds Transfers, I will submit additional stop payment requests.
4. **Stop Payment Requests.** I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Request is received by the Credit Union
    1. within a reasonable time for the Credit Union to act on my request prior to final payment or my request prior to final payment or similar action; and
    2. at least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer.

    I understand that my Stop Payment Request is conditional and subject to the Credit Union's verification that the Item has not already been paid or that some other action to pay the Item has not been taken. I understand that my Stop Payment Request will be effective as follows: for an oral request; for a written request, a period of fourteen (14) days from the date of this request, a period of six (6) months from the date of the request unless I withdraw this request or renew the request for additional periods, in writing. I also agree to notify the Credit Union Promptly upon the issuance of any duplicate Item which replaces the Item subject to this request or upon return of the original Item. I agree to pay the Credit Union a stop payment fee for each request as set forth above.
5. This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the State where the Credit Union's main office is located, by automated clearinghouse rules and by other local clearinghouse rules.

Request Verification/Renewal

_____Written Request (Automatically expires after 6 months unless renewed.)
_____Oral Request (Automatically expires after 14 days.)
_____Renewal Request (Automatically expires after 6 months unless renewed.)

Date & Time Received at Credit Union_____

x_____ x_____
Member Signature Date Member Signature Date

x_____
Credit Union Staff Signature Date