

Baptist Credit Union

Fax – 210-525-0383

ACH Stop Payment Order

(Please Print Clearly)

Member _____ Account _____
Joint Owner _____ Date & Time _____
Payable to: _____
Date _____ Amount _____

I certify that I am an owner of this account (or qualified representative surviving heir of such owner), and I am authorized to draw checks or drafts upon this account.

I agree to reimburse Baptist Credit Union, and hold it harmless, for all expenses and cost it may incur, including attorney's fees and court costs, as a result of refusing payment of any item(s) set forth above.

I recognize that the item described in this Order may have been represented for payment prior to the date and time that this Order is made, or that the item may be presented for payment so soon after this Order that Baptist Credit Union does not have a reasonable opportunity to act on the Order. I agree that the Credit Union shall not be liable for payment of any item described in this Order, nor for any consequence arising from such payment, if that item is presented for payment prior to or within ten (10) business hours after the date and time of this Order.

_____ **A Stop Payment order will remain in effect until payment of the (1) debit entry has been stopped**
OR

_____ **(2) an indefinite stop will be placed if the Receiver provides proof the authorization has been**

revoked with the Originator _____ by means of written instruction,

by telephone, or by email on _____
OR

(3) until the Receiver withdraws the stop payment order, whichever occurs earliest.

I further understand and agree that Baptist Credit Union shall in no way be liable as a result of payment contrary to this request, and I agree to indemnify the Credit Union for the amount of any such payment and will further indemnify and hold harmless the Credit Union, its agents, officers, and directors, from all other suits, actions, demand, judgment, or claims of every character, type of description, brought or made for or on account of the payment of such item.

Please note any changes in the amount specified above made by the Originator can cause said item to be paid.

I understand that this Order must be signed to be effective in any respect. I understand that there will be a \$28.50 charge for the processing of this Order and an additional \$28.50 charge for any subsequent renewal.

I certify that the information contained in this Order is correct and complete.

Print Name _____ Telephone Number _____

Address _____ City, State, & Zip _____

Signature _____

For Credit Union Use Only

Completed by _____ Verified by _____

Date & Time Stop Payment Entered into System _____