



ACH/DRAFT Stop Payment Order
(Please Print Clearly)

Today's date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

Member/Joint Owner \_\_\_\_\_ Account# \_\_\_\_\_

[ ] Draft Number: \_\_\_\_\_ Payable to: \_\_\_\_\_ Date issued: \_\_\_/\_\_\_/\_\_\_

[ ] ACH Item Description: \_\_\_\_\_
Expected clearing date: \_\_\_/\_\_\_/\_\_\_ Amount \$ \_\_\_\_\_

[ ] Series of checks: From \_\_\_\_\_ to \_\_\_\_\_

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 & court costs, as a result of refusing payment of any item(s) set forth above and that Baptist Credit Union shall in no way be liable as a result of payment contrary to this request, and I agree to 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.

I recognize that the item described in this form may have been presented for payment prior to the date & time that this Order is made, or so soon after this Order was completed that Baptist Credit Union does not have a reasonable opportunity to act on its implementation. I agree that the Credit Union WILL 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.

\_\_\_ (1) A ONE (1) TIME STOP PAYMENT which will remain in effect until item has been stopped or (Date) \_\_\_/\_\_\_/\_\_\_, OR

\_\_\_ (2) A STOP PAYMENT which will be placed for 1 YEAR ONLY if the Receiver provides proof that the authorization has been revoked with the Originator \_\_\_\_\_ by means of written instruction, by telephone, or by email on \_\_\_/\_\_\_/\_\_\_.

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 & complete.

Print Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, & Zip \_\_\_\_\_

Signature \_\_\_\_\_

For Credit Union Use Only

Completed by (Name & TL #) \_\_\_\_\_ Verified by (Name & TL #) \_\_\_\_\_

DATE Stop Payment Entered into System: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ a.m. p.m. Revised 2/28/2020