

Today's Date _____ Contact me at: _____
 Account Number _____ Account Type _____
 Account Name _____ Expected Clearing Date for ACH _____
 Payable To _____ Transaction Amount \$ _____
 Check(s) Serial No. _____ Date Check(s) Written _____
 (Required for POP, ARC, BOC and RCK Debits) Reason for Stop Payment _____

___ Stop One ACH Payment (Consumer) – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs LAWRENCE MEMORIAL HOSPITAL EMPLOYEES FEDERAL CREDIT UNION, hereinafter called “the Financial Institution”, to stop payment on the above transaction. The stop payment order shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until payment of the entry has been stopped, whichever occurs first.

___ Stop Payment for Check – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs LAWRENCE MEMORIAL HOSPITAL EMPLOYEES FEDERAL CREDIT UNION, hereinafter called “the Financial Institution”, to stop payment on the above transaction. The stop payment order shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$ _____

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney’s fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above items(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, 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.

Date:	_____ Account Holder Signature	_____ Print Name
Date:	_____ Financial Institution Representative Signature	_____ Print Name

FOR FINANCIAL INSTITUTION USE ONLY

Verbal Stop Payment Request Accepted on _____ by _____
 Signed Stop Payment Request Form Received on _____ by _____
 Written Confirmation of Revocation Received on _____ by _____