



3401 Loop 306
San Angelo, TX 76904
(325)944-3184
(325)944-1005 Fax

STOP PAYMENT REQUEST

TTSWCU is not responsible for failing to stop payment if incorrect information is provided

ACCOUNT HOLDER NAME		ACCOUNT NO.	DATE OF REQUEST	TIME
PAYEE			CHECK#/ITEM	DATE
AMOUNT	REASON FOR STOP PAYMENT			FEE \$25.00
TYPE OF STOP PAYMENT		NOT FOR DEBIT CARD TRANSACTIONS		
<input type="checkbox"/> CHECK/PAPER DRAFT(*A) <input type="checkbox"/> CHECK CONVERSION/ELECTRONIC DRAFT TRANSACTION(**B) <input type="checkbox"/> SINGLE PREAUTHORIZED ELECTRONIC FUND TRANSFER(ACH)(**C) <input type="checkbox"/> RECURRING PREAUTHORIZED ELECTRONIC FUND TRANSFER(ACH)(***D)				
TYPE OF REQUEST				
<input type="checkbox"/> WRITTEN REQUEST (Check/Paper Draft/Electronic Draft- Automatically expires after Six Months unless renewed.) (EFT/ACH- Valid until returned(Single debit), or for ALL future debits(Recurring) (Business Account ACH- Expires after Six Months unless renewed.) <input type="checkbox"/> ORAL REQUEST (Automatically expires after 14 calendar days.) <input type="checkbox"/> RENEWAL OF WRITTEN REQUEST (Automatically expires after Six Months unless renewed.)				

***A** This is a request to stop payment on a share draft or check as described above. I affirm all the above information provided on this item is correct. If I have provided any incorrect information on this item, the credit union is not liable or responsible for failing to stop payment on the item.

****B** By authorizing the electronic conversion of a draft or check, the item as described above will process through the automated clearing house, ACH. The credit union must receive the stop payment request prior to the item being presented for payment. I affirm all the above information provided on this item is correct. If I have provided any incorrect information on this item, the credit union is not liable or responsible for failing to stop payment on the item.

*****C** For a single preauthorized Electronic Fund Transfer entry, the credit union must receive the stop payment request at such time as to allow the credit union a reasonable opportunity to act upon the request. I affirm all the above information provided on this item is correct. If I have provided any incorrect information on this item, the credit union is not liable or responsible for failing to stop payment on the item.

******D** For recurring preauthorized Electronic Fund Transfer entry, the credit union must receive the stop payment request at least three Banking days before the scheduled date of the entry. To stop all future preauthorized payments, the credit union may require confirmation in writing that you have revoked the authorization with the originator of the entry. I affirm all the above information provided on this item is correct. If I have provided any incorrect information on this item, the credit union is not liable or responsible for failing to stop payment on the item.

INDEMNIFICATION: I, any joint owner, payee or endorsee, agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, damage or claims related to the Credit Union's action in failing or refusing stop payment of the item resulting from incorrect information provided by me. This stop payment is subject to the Uniform Commercial Code adopted by the state of Texas.

Member Signature _____ Date _____ Member Signature _____ Date _____

For Credit Union Use Only

_____ Verified Member Signature _____ Entered in Sharetec (checks only) _____ Date

_____ Mgmt Approval _____ Fee Posted

Request revoked on _____ By: _____
Signature