

For Office Use Only:

Teller Initials: ____
Date: _____

ACH / Draft

__ 6 Month Revocation

GP Louisiana Federal Credit Union
PO Box 520
Zachary, La. 70791

STOP PAYMENT FORM

You are hereby directed to attempt to stop payment of the following draft to my account as described.

There is a \$30.00 charge for each item stopped and the fee is non-refundable.

Member Name: _____

Member Number: _____

Starting Draft Number: _____ Ending Draft Number _____

Name of Company: _____

Exact Dollar Amount of Draft/ ACH Debit: _____

Reason for Stop Payment (must check one):

- Member wrote a physical check
- Member authorized an ACH debit to his/her checking account via internet or directly to a merchant
- Member gave a merchant a physical check to scan and signed a terms agreement
- Member gave authorization over the phone to ACH debit to their account using a check number specified by member.
- Lost, Stolen, Other

Important:

In asking this courtesy, the undersigned agrees to hold GP Louisiana FCU harmless for the said amount and for all expenses and costs incurred by it on account of refusing payment of said item(s), and further agrees not to hold said institution liable on account of payment contrary to this request if made through inadvertence or accident. Please verify the dollar amount entered above and notify us immediately if incorrect. If a duplicate check is issued or if the original check is returned, the undersigned agrees to notify this institution promptly. You are requesting GP Louisiana FCU to stop a written draft or an ACH debit on your account. If an item is presented not exactly match the information you provide on this form it may be paid or returned according to GP Louisiana FCU policies and procedures. The Credit Union's liability shall not, in any event, exceed the amount of the draft or ACH debit. You agree to reimburse the Credit Union for any loss it sustains in honoring this request. If you wish to cancel this request it must be received in writing. Please be advised certain ACH items are not allowed to have stop payments placed. The Credit Union will not be liable if a stop payment for an ACH item which is later determined to be a force paid item. For drafts, the stops are searched by draft number and amount. For ACH items, the stops are searched by amount and/or payee (only if the same item has been paid previously).

I hereby request GP Louisiana FCU to stop payment on the above item. All the information provided is accurate. I have read and agree to the terms and conditions of this request. **If the item is presented in a different method than I have indicated, the item may still be paid with no liability to the Credit Union.** I understand if I DO NOT sign and return this form within 24 hours, my stop payment will expire on the next business day. I will not be refunded any fees and I will not hold the Credit Union liable for payment of this item. If I still want the item stopped, I will need to complete a new request, and an additional service fee will be accessed to my account.

Member Signature

Date