Ohio HealthCare
FEDERAL CREDIT UNION
You care for others, we care for you.

STOP PAYMENT REQUEST ORDER

Today's Date _____ Time _____ ○ a.m. ○ p.m. Account Type: ○ Consumer ○ Corporate

Account Name_____ Contact Phone No. _____

Payable To _____ Transaction Amount $ _____

Expected Clearing Date of Item(s) _____ *If known* Reason for Stop Payment _____

Account Number_____ Check Serial No.(s)_____ *If applicable* Date Check(s) Written _____ *If applicable*

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs _____ (financial institution name), hereinafter called "the Financial Institution", to stop payment on the below transaction(s).

☐ **One ACH Payment (Consumer Account)**
The stop payment order shall remain in effect until the earlier of:
(1) Written notice being received from the account holder to revoke the stop payment order; or
(2) The return of the debit entry.

☐ **Recurring ACH Payment (Consumer Account)** *(Recurring PPD, TEL, WEB or IAT ONLY)*

The account holder authorized _____(company name), hereinafter called "the Company", to originate one or more ACH entries to debit funds from the above account.

(A) On _____ (date), the account holder revoked that authorization by notifying the Company in the manner specified in the authorization; or

(B) The account holder will be notifying the Company on _____(date) in the manner specified in the authorization.

The stop payment order shall remain in effect until the earlier of:
1) Written notice being received from the account holder to revoke the stop payment order; or
2) The return of all debit entries.

☐ **ACH Payment (Corporate Account)**
The stop payment order shall remain in effect until the earlier of:
(1) Written notice being received from the account holder to revoke the stop payment order;
(2) The return of the debit entry; or
(3) _____(time frame) from the date of the stop payment order, unless it is renewed in writing.

☐ **Check**
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.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Date_____ Account Holder Signature_____ Print Name _____

☐ I (account holder) release the Financial Institution from its obligation to stop payment on the above transaction(s).

Date _____ Account Holder Signature _____ Print Name _____

For Financial Institution Use Only

Verbal Stop Payment Request Accepted on _____ By_____
Signed Stop Payment Request Accepted on _____ By_____
Written Confirmation of Revocation Received on_____ By_____