

Stop Payment Request Form

Today's Date		Time	
Member #		SDC Account #	
Member Name		Contact Phone #	
Payable To		Transaction Amount	
Draft #(s)		Date Draft Written	
Expected Clearing Date of Item		Reason for Stop Payment	

	<p>Stop Payment for Single ACH Payment (Consumer Account) Term and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Lexington Postal Credit Union to stop payment on the above transaction. The stop payment order shall remain in effect</p> <ol style="list-style-type: none"> 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.
	<p>Stop Payment for Recurring ACH Entries: Verify Standard Entry Class Code ___ PPD ___ WEB ___ IAT (Consumer) Term and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Lexington Postal Credit Union to stop payment on the above transaction(s).</p> <p>The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account,</p> <ol style="list-style-type: none"> 1) but on _____ (date), revoked that authorization by notifying _____ (company name) in the manner specified in the authorization; or 2) will be notifying _____ (company name) on _____ (date) in the manner specified in the authorization. <p>The account holder agrees to provide Lexington Postal Credit Union with the written notice of the revocation with _____ (Company Name) within 14 calendar days from today's date. If Lexington Postal Credit Union does not receive the required written notice, then it will honor subsequent debits to the account.</p>
	<p>Stop Payment for One ACH Payment (Corporate Account) Term and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Lexington Postal Credit Union to stop payment on the above transaction(s). The stop payment order shall remain in effect for six months.</p>
	<p>Stop Payment for Share Draft Term and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Lexington Postal Credit Union to stop payment on the above transaction(s). The stop payment order shall remain in effect for six months.</p>

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

By directing Lexington Postal Credit Union to stop payment on the above transaction(s), the account holder agrees to hold Lexington Postal Credit Union harmless against any and all loss, claims, damages, and costs, including court cost and attorney's fees, that Lexington Postal Credit Union may suffer or incur by reason of non-payment of the above transaction(s) 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 Lexington Postal Credit Union 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 item(s). The account holder agrees to hold harmless and indemnify Lexington Postal Credit Union 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: _____ Member Signature: _____ Print Name: _____

Date: _____ LPCU Rep Signature: _____ Print Name: _____

For Lexington Postal Credit Union Use Only:			
Verbal Stop Payment Request Accepted On :		By :	
Signed Stop Payment Request Accepted On :		By :	
Written Notice of Revocation Received On :		By :	