



ACH/SHARE DRAFT STOP PAYMENT REQUEST FORM

I, the undersigned, hereby instruct and authorize the Healthcare Employees Federal Credit Union to stop payment on the following share draft/ACH listed below:

Today's Date:	_____	Member Number:	_____
Member Name:	_____	Date of ACH Debit:	_____
Payable to/Originator:	_____	Debitor Phone #:	_____
Reason for Stop Payment:	_____	Check number(s)	_____
Contact me at (phone):	_____	Exact Amount:	\$ _____

Please select only one option:

One-time Stop Payment for Share Draft/Check – See Terms and Conditions

I, the account holder, hereby instructs HEFCU to stop payment on the above transaction. The stop payment shall remain in effect for six months.

Stop payment on a block of share drafts/checks – See Terms and Conditions

I, the account holder, hereby instructs HEFCU to stop payment on the above listed block of share drafts/checks. The stop payment shall remain in effect for six months.

Stop ACH Payment (Consumer) – See Terms and Conditions

I, the account holder, hereby instructs HEFCU, to stop payment ONE TIME ONLY, on the above transaction. The stop payment shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; 2) until payment of the entry has been stopped, whichever occurs first.

Stop Payment for Recurring ACH Entries (REVOCAATION AUTHORIZATION) – See Terms and Conditions

I, the account holder hereby instructs HEFCU, to stop payment on the above transaction. The stop payment shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; 2) until payment of the entry has been stopped, whichever occurs first. **ADDITIONAL FORM NEEDED**

Stop ACH Payment (Corporate – CCD, CTX, Non-Consumer IAT) – See Terms and Conditions

I, the account holder hereby instructs HEFCU, to stop payment on the above transaction. The stop payment shall remain in effect for six months unless renewed in writing.

I understand that the oral Stop Payment request will expire in fourteen (14) days unless I sign and return this form. I agree to hold HEFCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of HEFCU having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request must be received in time to give HEFCU reasonable time to act on it. If I am requesting that you stop payment on an ACH debit, I understand this request must be received no less than three (3) business days prior to the expected date.

If this box is checked, I have asked you to Stop Payment on the Amount rather than the Check Number or ACH Company ID. I understand that you advise against this request and that this will result in the return of any item presented against this account for this dollar amount during the time this Stop Payment Request is in effect.

Member Signature: _____ **Date:** _____

INTERNAL USE ONLY

Processed By: _____ **Date:** _____

Fee may apply based on Rewards Schedule

Stop Payment Terms and Conditions

You, our member, hereby instruct HEFCU to stop payment on the transaction(s) listed on page 1 of this document.

You agree that the information provided completely, accurately, and correctly identifies the check serial number or Originator, amount, and the transaction to be stopped.

All Stop Payment requests must be provided to HEFCU in such a manner as to allow the credit union a reasonable opportunity to act upon the Stop Payment order prior to acting on the debit entry. This request will not be honored or effective if the debit item has been paid, certified, or accepted prior to this order.

A Stop Payment will be honored on consumer transactions only.

This order is for one (1) Stop Payment only and is not renewable. A separate form is needed for multiple ACH merchants/companies, multiple payees (for checks), multiple checks that are not a block of checks or in sequential order, or to renew a previous request.

Should future developments make possible the cancellation of this order, you agree to notify HEFCU in writing.

HEFCU cannot guarantee the prevention of a payment that was "stopped" from being re-deposited and debited from an account. Merchants/companies may present the original item at any time, including after the 6 months has lapsed or the stop payment has expired.

A Stop Payment order will not release an account holder's legal and binding contract to repay a merchant, company or Originator.

Share Draft(s)/Check(s) – *An order to stop a debit transaction that was initiated as a paper check and processed through regular check clearing channels. This includes items that bear the account holder's signature and items that were authorized by the account holder (e.g. over the phone) and does not bear the account holder's signature.*

- *A Stop Payment order for share drafts/checks shall remain in effect for six (6) months from the date hereof or until written notice is received from the account holder to revoke the Stop Payment order. The account holder may renew this request when the six-month period has expired by completing a new Stop Payment order. Applicable fees may apply.*

ACH One-Time Payment – *An order to stop a one-time single entry electronic transaction that was authorized over the telephone, Internet, electronic check conversion, (ARC, POP, BOC, RCK), or preauthorized by the account holder as a one-time debit.*

- *Notification must be given to HEFCU at least three (3) business days prior to the scheduled date of the transfer. If the Stop Payment order is received within three (3) business days of the expected transfer date, HEFCU will attempt satisfy the request of the account holder, but will not be held liable if sufficient time was not provided.*
- *An ACH One-Time Stop Payment shall remain in effect until 1) written notice is received from the account holder to revoke the stop payment order; or until payment of the entry has been stopped, whichever occurs first.*
- *This order is effective for a ONE-TIME stop payment only and will NOT stop future recurring debits.*

ACH Revoke Authorization – *An order to permanently stop all future recurring and preauthorized electronic transactions. This form cannot be used to dispute an electronic transaction. To dispute an electronic transaction, please complete the "Written Statement of Unauthorized Debit" form which can be found on our website or obtained by contacting our office. Terms and Conditions listed there.*

To speed the processing of your application, please follow the below steps:

1. Complete the Stop Payment form in full
2. Send your completed form to HEFCU by one of the following methods
 - a. Fax to (609) 275-4194
 - b. Email to hefcu@hefcu.com
 - c. Mail to:

HEFCU
Attn: Electronic Services Dept.
29 Emmons Drive, Suite C40
Princeton, NJ 08540