



P.O. Box 2128
Carson City, NV 89702-2128
(775) 882-2060 www.gncu.org

Stop Payment Request Order for Checks and ACH Entries

Transaction Type: ACH/Electronic Check* or Check/Share Draft/Paper*

Stop Payment Type: ACH One-Time/Next Payment or ACH All Future Payments

Written Request Type: Written Request - Original Written Request - Renewal

For Check Stop Pay Only

Account/Transaction Information

Today's Date: _____ Time: _____ a.m. p.m.

Account No: _____ Account Holder Name: _____

Account Type: Checking/Share Draft Savings

Transaction Date: _____

Transaction Amount: \$ _____ or: Any Amount

Payable To: _____ Company ID#: _____

ACH Trans type: Debit Credit Both

Check Serial Number(s): _____

For POP, RCK, ARC, and BOC ACH Debits, and Check/Share Drafts or Paper Drafts

Reason for Stop Payment: _____

Stop Payment Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs **Greater Nevada Credit Union**, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). The stop payment order shall remain in effect for a) six months for a check stop; b) until written notice is received from the account holder to revoke the stop payment order; or c) until payment of the entry has been stopped, whichever occurs first. The account holder may renew this request for checks when the six-month period has expired by completing a new Stop Payment Request Order. For recurring ACH debits, this order is effective for a one-time stop payment only, and is only stopping one transaction. This order will NOT stop future recurring debits. For ACH debits, requesting the stop pay to be applied on future payment will be defined as permanent.

The account holder understands that the stop payment request must be provided to the Financial Institution before the item is presented for payment and with reasonable time to act upon it. For ACH/PPD entries and recurring WEB entries, the stop payment request must be submitted at least three banking days prior to the expected transfer date.

By directing the Financial Institution to stop payment on the above transaction(s), the account holder also understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item.

The Financial Institution will make all reasonable attempts to honor the stop payment request made by the account holder and prevent the item from clearing the account listed above. If, however, for any reason, including insufficient or erroneous information provided by the account holder, Financial Institution error, or occurrences outside the control of either the account holder or the Financial Institution, the stop payment request is ineffective resulting in the payment of the above item, 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, other than any fee charged by the Financial Institution for the processing of this stop payment request.

_____ (Account Holder initial here.)

A charge, as reflected below, will be assessed to the account holder as payment for implementing this order. **FEE ASSESSED: \$ 25.00**

_____ (Account Holder initial here.)

THIS FORM ACKNOWLEDGES THE ACCOUNT HOLDERS REQUEST TO STOP PAYMENT ON THE TRANSACTION LISTED ABOVE. THE ACCOUNT HOLDER FURTHER REPRESENTS THAT THE TRANSACTION(S) DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRADULENT INTENT BY ME OR ANY PERSON ACTING IN CONCERT WITH ME AND THAT THE SIGNATURE BELOW IS MY OWN PROPER SIGNATURE.

Signature

Date

Branch Use Only:

In Person Fax Phone Mail

Teller # _____ Date: _____

Operations Use Only:

Teller # _____ Received Date: _____