



Stop Payment Request

Request Date	Member Name	Account Number/Share ID	Request Method
			<input type="checkbox"/> Written Request <input type="checkbox"/> Verbal Request <input type="checkbox"/> Renewal Request

Type of Transaction	Check/Item #	Check/Item Date	Amount	Business Name/Company ID
<input type="checkbox"/> Draft/Check <input type="checkbox"/> Single Preauthorized EFT <input type="checkbox"/> Recurring Preauthorized EFT				

I am requesting that you stop payment on the item described and checked above. **I understand that the verbal Stop Payment request will expire in fourteen (14) days unless I sign and return this form.**

By directing PVCU to stop payment of this item, I agree to hold PVCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of PVCU having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request must be received in time to give PVCU 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 processing date.

If 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.

Stop Payment for Check – On the terms hereinafter set out, the undersigned account holder hereby instructs PVCU to stop payment on the above transaction. The stop payment shall remain in effect for six months.

Stop ACH Payment (Consumer) – On the terms hereinafter set out, the undersigned account holder hereby instructs PVCU, to stop payment on the above transaction. The stop payment shall remain in effect for a) until written notice is received from the account holder to revoke the stop payment order; b) until payment of the entry has been stopped, whichever occurs first.

Stop Payment for Recurring ACH Entries (Consumer has revoked authorization) – On the terms hereinafter set out, the undersigned account holder hereby instructs PVCU, to stop payment on the above transaction. The stop payment shall remain in effect for a) until written notice is received from the account holder to revoke the stop payment order; b) until payment of the entry has been stopped, whichever occurs first.

I authorize the originating company one or more ACH entries to debit funds from my account, but on _____(date) I revoked this authorization by notifying them in the manner specified in the authorization.

Stop ACH Payment (Corporate – CCD, CTX, Non-Consumer IAT) – On the terms hereinafter set out, the undersigned account holder hereby instructs PVCU, to stop payment on the above transaction. The stop payment shall remain in effect for six months unless renewed in writing.

A \$25.00 fee will be assessed to my PVCU account for processing this Stop Payment Request.

I have read and accept the terms and conditions below. I further depose and say that the transactions described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify that the foregoing is true and correct.

Member Signature: _____ **Date:** _____

INTERNAL USE ONLY	Processed By:	Branch	Date

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