



609 W 21st Street | Yankton | SD | 57078
800.491.4309 | ExplorersCU.com

STOP PAYMENT ORDER REQUEST

Today's Date: _____ Time: _____ AM/PM Contact me at: _____
Account Number: _____ Account Number: _____
Date Check(s) Written: _____ Expected Clearing Date for ACH: _____
Payable To: _____ Transaction Amount \$: _____
Check(s) Serial No.: _____ Reason for Stop Payment: _____
(Required for POP, ARC & RCK Debits)

Consumer Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Explorers Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). The stop payment order shall remain in effect until the earlier of 1) the withdrawal of the stop payment order by the account holder; or 2) the return of the debit entry. **Where this stop payment order applies to more than one debit entry relating to a specific authorization involving a specific Originator, this order shall be effective for the return of all such debit entries as identified above.** I further understand that if notified to do so by Financial Institution, I must confirm this stop payment order request in writing within fourteen (14) days, or it will cease to be binding after such time.

I hereby request the following type of stop payment on my consumer account:

- Single ACH Entry Stop Payment Recurring ACH Stop Payment (complete following section)

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, 1) but on _____ (date), rescinded that authorization by notifying _____ (company name) in the manner specified in the authorization; or 2) will be notifying _____ (company name) on _____ (date)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.

The account holder agrees to provide the Financial Institution with written confirmation of the cancellation with _____ (company name) within 14 calendar days from today's date. If the Financial Institution does not receive the required written confirmation, then it will honor subsequent debits to the account.

Non-Consumer Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Explorers Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). A verbal stop pay order for non-consumers payment(s) is only good for 14 days. When confirmed in writing, the stop payment order shall remain in effect until the earliest of, 1) the withdrawal of the stop payment order by the account holder; 2) the return of the debit entry; or, 3) six months from the date of this stop payment order request.

I hereby request the following type of stop payment on my (Non-Consumer) account:

- Single ACH Entry Stop Payment Recurring ACH Stop Payment (effective for six months only)

Single ACH Entry Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Explorers Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. 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 of present prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment order 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 transactions(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 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.

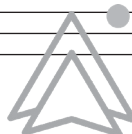
I further state that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Date: _____ Account Holder Signature: _____ Print Name: _____

I hereby declare that I wish to revoke this stop payment order effective _____ Signed: _____

FOR FINANCIAL INSTITUTION USE ONLY

Verbal Stop Payment Order Request Accepted on: _____ By: _____
Signed Stop Payment Order Request Form Received on: _____ By: _____
Stop Payment Order Withdrawal Received on: _____ By: _____



DISCOVER THE DIFFERENCE.