

EXPLORERS CREDIT UNION STOP PAYMENT ORDER REQUEST

Today's Date: _____
Account Number: _____
Date Check(s) Written: _____
Payable To: _____
Check(s) Serial No.: _____
(Required for ARC, BOC, POP, and RCK Debits)

Time: _____ a.m. / p.m. Contact me at: _____
Account Name: _____
Expected Clearing Date for ACH: _____
Transaction Amount: \$ _____
Reason for Stop Payment: _____

Consumer Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs _____ (Financial Institution), 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(company name) to originate one or more ACH entries to debit funds from the above account, 1) but on _____ (date), rescinded that authorization by notifying _____ (company name) in the manner specified in the authorization; or 2) will be notifying _____ (company name) on _____ (date)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 (Corporate) Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs _____ (Financial Institution), hereinafter called "the Financial Institution", to stop payment on the above transaction(s). A verbal stop pay order for non-consumer payment(s) is only valid 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 corporate (Non-Consumer) account:

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

Check Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs _____ (Financial Institution), hereinafter called "the Financial Institution", to stop payment on the above transaction. This stop payment order is effective for six months, but it lapses after 14 calendar days if the original order was oral and was not confirmed in writing within that period. The stop payment order may be renewed for additional six-month periods by giving written notice within a period during which the stop payment order is effective.

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

For consumer requests to stop payment on recurring ACH Entries, 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.

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/Revocation Received on: _____ by: _____