

ISPFCU

Your *Law Enforcement* Credit Union

Stop Payment Request Form

Internal Use ONLY
Member's Name: _____
Member Number: _____
Members SSN: _____

This form authorizes Illinois State Police Federal Credit Union (ISPFCU) to stop a payment (Check/ACH/EFT) issued from your account as indicated.

- Complete section 1 of this form.
- Read the authorization in section 2 and sign where indicated.
- Mail the completed and signed form to ISPFCU, 730 Engineering Ave, Springfield, IL 62703, drop it off, or fax it to 866-523-8756.

1. Stop Payment Information	
Name of Account Owner (please print): _____	Account Number: _____
<input type="checkbox"/> Check Number or Range _____	<input type="checkbox"/> ACH/EFT Item _____
Date of Check, ACH or EFT Item: _____	Amount of Check, ACH or EFT item: _____
Payable to (Payee): _____	
Reason for the Stop Payment (briefly describe why this stop payment is necessary): _____	

2. Your Signature
<p>Item Description: I hereby order you to stop payment on the check or automated clearing house/pre-authorized electronic funds transfer ("ACH/EFT") described above. I warrant that the information describing the check or ACH/EFT, including the check or scheduled transfer date, its exact amount, the check number and payee, is correct. I understand that the EXACT amount of the check or ACH/EFT is necessary for your computer to stop payment. If I give you the incorrect amount or any other incorrect information, you will not be responsible for failing to stop payment on the check or ACH/EFT.</p> <p>Agreement: I agree that unless my stop payment order is received by you: (a) if a check, within a reasonable time for you to act on my order prior to final payment of the check by you, or (b) if an ACH/EFT transfer, at least three (3) business days preceding the scheduled date of the pre-authorized ACH/EFT, you will not be responsible for stopping payment. I agree that I may not stop payment on any Visa® Check Card point-of-sale ACH/EFT transactions; any cashier's check, certified check or any other official institution check I have purchased from you; or any check which you have guaranteed. I understand that my stop payment request is conditional and subject to your verification that the check has not already been paid or that some other action to pay the check has not been taken by you.</p> <p>Duration: A stop payment order (a) against a check is effective only against the check that is described above; (b) against an ACH/EFT transfer is effective against ALL future ACH/EFT transfers by the same originator. A stop payment order will lapse automatically after fourteen (14) calendar days if the order was oral and has not been confirmed by me in writing to you during that period. A written stop payment order (a) against a check is effective for six (6) months only and will expire automatically at that time unless I have specifically renewed it in writing prior to expiration; (b) against an ACH/EFT is effective indefinitely until revoked in writing.</p> <p>Fees: I agree to pay a charge of \$20.00 for a single check and \$20.00 for an ACH/EFT stop payment order. Unless otherwise agreed, you are authorized to charge this fee to the account indicated above. No fee for lost or stolen items.</p> <p>Indemnification: I agree to indemnify, defend and hold you harmless against all costs, including attorney's fees, actions, damages or claims related to or arising from your action in refusing payment of the check or ACH/EFT including claims of any joint depositor, payee or Endorsee or in failing to stop payment of a check or ACH/EFT as a result of incorrect information provided by me. I also agree to notify you promptly upon the issuance of any duplicate check or ACH/EFT which replaced the check or ACH/EFT subject to this order or upon return of the original check.</p> <p>This form must have your signature to be processed.</p> <p>_____ </p>

ISPFCU Use Only	
Date Received: _____	Received By: _____
Date Stop Payment Entered: _____	Entered By: _____
ACH Stop Payments on Heritage Checking Accounts ONLY	
Heritage Checking Account holders (S22 & S23) are charged the reduced rate of \$10.00/item for Stop Payments.	
For ACH Stop Payments ONLY uncheck the Charge Fee box. Then charge the \$10.00 fee from 1.130.1 (Member Service Fees) with Member Journal Tool.	
Date Fee Charged : _____	Posted By: _____