

STAR of TEXAS CREDIT UNION

STOP PAYMENT REQUEST

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

Account Number: _____ Account Type: Consumer Corporate

Member's Name: _____ Contact Phone No: _____

Payable To: _____ Transaction Amount \$ _____

Check Serial No(s): _____ Date Check(s) Written _____

Expected Clearing Date of Item(s): _____ Reason for Stop Payment _____

Fee: _____

Stop Payment for Single ACH Payment (Consumer Account)

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Star of Texas Credit Union, hereinafter called "the Financial Institution," to stop payment on the above transaction. The stop payment order shall remain in effect

- (1) until written notice is received from the account holder to revoke the stop payment order; or
 - (2) until payment of the entry has been stopped,
- whichever occurs first.

Stop Payment for Recurring ACH Entries: Verify Standard Entry Class Code ___ PPD ___ WEB ___ IAT (Consumer)

Terms and Conditions: On the terms hereinafter set out the undersigned account holder hereby instructs Star of Texas Credit Union, hereinafter called "the Financial Institution," to stop pay on the above transaction(s).

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account,

but on _____, (date) revoked that authorization by notifying _____ (company name) in the manner specified in the authorization;

OR

will be notifying _____ (company name) on _____ (date) in the manner specified in the authorization.

If requested the account holder agrees to provide Star of Texas Credit Union with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If Star of Texas does not receive the required written confirmation, then it will honor subsequent debits to the account.

Stop Payment for One ACH Payment (Corporate Account)

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Star of Texas 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.

Stop Payment for Check

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Star of Texas Credit Union, hereinafter called "the Financial Institution," to stop payment on the above transaction. The stop payment order shall remain in effect for 6 months.

By directing Star of Texas Credit Union to stop payment on the above transaction(s), I agree to hold Star of Texas Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that Star of Texas Credit Union may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment 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 transaction(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 failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Date Account Holder Signature Print Name

Date Financial Institution Representative Signature Print Name

FOR FINANCIAL INSTITUTION USE ONLY

Verbal Stop Payment Request Accepted on _____ By _____
Signed Stop Payment Request Form Received on _____ By _____
Written Confirmation of Revocation Received on _____ By _____