



Stop Payment Request

PO Box 12400, Charlotte, NC 28220 • 1-888-258-3352 • FAX (704) 523-8906
BlueFlameCU.org • blueflame@blueflamecu.org

MEMBER FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

BFCU MEMBER NUMBER _____ CHECKING ACCOUNT NUMBER (IF APPLICABLE) _____

PAYEE/ORIGINATOR _____ CHECK NUMBER (IF APPLICABLE) _____

ITEM DATE _____ REASON FOR STOP PAYMENT _____

TYPE OF TRANSACTION: ACH/ELECTRONIC CHECK CHECK/SHARE DRAFT ITEM AMOUNT \$ _____

PLEASE SELECT ONE:

- I WOULD LIKE THE ABOVE PAYMENT STOPPED ONE TIME
The ACH stop payment will remain in effect (1) for six months from the date of the stop payment order, (2) until one payment of the debit entry has been stopped or (3) until the stop payment order is withdrawn, whichever occurs earliest.

- I WOULD LIKE TO STOP PAYMENT ON THE ABOVE MENTIONED TRANSACTION AND ALL SUBSEQUENT PAYMENTS MATCHING THIS CRITERIA
I understand that this stop payment order applies only to the specific criteria listed above and is effective for a period of six months. I understand to prevent payments from posting to my account after the expiration of this stop payment order I must (1) revoke the authorization with this company in the manner specified in the authorization or (2) renew this stop payment order.
The ACH stop payment will remain in effect (1) for six months from the date of the stop payment order or (2) until the stop payment order is withdrawn, whichever occurs earliest.

STOP PAYMENT TERMS AND CONDITIONS

I, as the owner of the account number listed above, hereby instruct Blue Flame Credit Union to stop payment on the above transaction. It is my understanding that this stop payment order will expire no later than six months from the date of the stop payment order. I understand that I may renew this request when the six month period ends by completing a new Stop Payment Request. I understand that placing a stop payment order on a recurring ACH transaction will not cancel my authorization with the merchant.

It is understood that by placing this Stop Payment Request on the transaction listed above that the member agrees to hold the credit union harmless against any and all loss, claims, damages and costs, including court costs and attorney's fees, that the 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.

TIMING OF STOP PAYMENT ORDER

I understand a stop payment order must be received in time to allow the credit union a reasonable opportunity to act on it prior to acting on the debit entry and for some ACH debits the order must be received at least three business days prior to the scheduled date of the transfer. To be effective, the stop payment order must also sufficiently identify the payment. Stop Payment Requests are effective for 6 months after the date received and will automatically expire after that period unless renewed in writing. With respect to ACH debits, the credit union and the undersigned agree to abide by the ACH Rules and regulations regarding Stop Payment Orders.

Refer to Fee Schedule for current per item Stop Payment fee amount

MEMBER SIGNATURE _____

DATE _____