



Stop Payment Request

Type of Transaction:

- Draft/Check
 Preauthorized Electronic Funds Transfer (EFT)
 Electronic Draft/Check Conversion Transaction
 Request Verification/Renewal (6 Months)
 Cashier Check
 Money Order*

Account Number: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Maiden Name (if applicable): _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Draft Number(s): _____ Date of Draft/EFT: _____

Amount: \$ _____ Payable to: _____

(For electronic transactions, enter "0" as the item number.)

This is a Single Transaction Recurring Transaction Postdated Draft

Reason for Stop Payment: _____

Stop Payment Fee = \$35 *Money Order Stop Payment Fee = \$30

1. Item Description: I request EPFCU to stop payment on the share draft, check, preauthorized electronic funds transfer ("EFT"), or ACH draft ("Item") described above. I warrant that the item description, including the date or scheduled transfer date, its exact amount, the item number, and payee are correct. I understand that the EXACT information of the item is necessary for EPFCU to identify the item. If I give EPFCU the incorrect amount or any other incorrect information, EPFCU will not be responsible for failing to stop payment on the item.

2. Postdated Items: If this Notice involves a Postdated item, as indicated above, I hereby request EPFCU to Stop Payment on the share draft or check if presented for payment prior to the date of the item. My Stop Payment Notice on a Postdated Item is subject to all other terms and conditions for Stop Payment Orders.

3. Stop Payment Order: I agree that EPFCU will not be responsible for stopping payment unless my Stop Payment Order is received by EPFCU: a. within a reasonable time for EPFCU to act on my order prior to final payment or similar action; or b. at least three (3) business days before the scheduled date of the preauthorized EFT or ACH draft. I understand that my stop payment request is conditional and subject to EPFCU's verification that the item has not already been paid or that some other action to pay the item has not been taken. I understand that my Stop Payment Order will be effective as follows: I make an oral Stop Payment Order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. A written Stop Payment Order will be effective for six (6) months. A written Stop Order Payment may be renewed in writing from time to time. I also agree to notify EPFCU promptly upon the issuance of any duplicate item which replaces the item subject to this order or upon return of the original item. I agree to pay EPFCU a stop payment fee for each request as set forth above.

4. Indemnification: I agree to indemnify and hold EPFCU harmless for all costs, including attorney's fees (to the extent permitted by law) damage or claims related to EPFCU's action in refusing payment of the item including claims of any joint owner, payee or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me.

Date of Initial Request: _____ Time Received: _____

Member's Signature: _____

Member's Signature: _____

Staff Signature _____ Date: _____

Federally insured by NCUA.



We do business in accordance with the Federal Fair Housing Law and the Equal Credit Opportunity Act.