



STOP PAYMENT REQUEST ORDER

For checks and ACH Entries

Member can make a verbal request, but will need to submit the form. Forms can be submitted via mail, fax, or email. Mail to: Camino Federal Credit Union, P.O. Box 849, Montebello, CA 90640, Fax to: 323.517.9413, Email to: memberservice@caminoofcu.org. Fee will be assessed directly from your account.

Account Holder Name: _____

Account Number: _____

Transaction Amount: _____ OR ☐ Any Amount

Originating Company Name / Payable To: _____

Only for check-related debit entries:

Check Serial Number: _____ Date of Check: _____
(MM/DD/YYYY)

Three banking days advance notice prior to the expected transaction date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transaction date, we will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided for a transaction that occurs within the three business day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question. This account holder agrees to hold harmless and indemnify Camino Federal Credit Union for all expenses, costs, and damages incurred by payment of the above item 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 result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly.

Please indicate your specific choice for stopping payment from the Originating Company / Payable To named above by checking the appropriate box:

- ☐ I wish to stop all future payments from this Originator indefinitely.
- ☐ I wish to stop the next payment only
(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)
- ☐ I wish to stop a series of payments.
Identify the payment dates, or months, of the specific payments from the Originator you wished stopped:

☐ I wish to stop payment on the draft described above.

A fee will be assessed to the account holder as payment for implementing this order: \$15.00 per check.

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers or check as indicated above. The account holder further represents that the debit transaction(s) described above 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.

By directing the credit union to stop payment on the above transaction(s), the account holder agrees that the credit union is not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner. The account holder understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify the credit union for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly, according to the time requirements noted below. Verbal stop payment orders will cease to be binding after 14 calendar days unless written confirmation is provided to the credit union by the account holder within that 14 day period. A stop payment order is effective for six months and may be renewed for additional six-month periods by written request to the credit union within the period during which the stop payment order is effective. The stop payment request must be provided to the credit union in such a time and in such a manner as to allow for reasonable time to act on the request prior to acting on the item.

The Credit Union will not be liable for payment of the draft contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union's liability shall not in any event, exceed the amount of the draft. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

Signature: _____ Date: _____
(MM/DD/YYYY)

Revised 1/15/2020