

STOP PAYMENT REQUEST

4675 SUNBEAM ROAD ♦ JACKSONVILLE, FL 32257-6109
 (904) 3530-2240 ♦ Fax (904) 854-9776 ♦ www.cityfcu.com

- All information must be completed by the Member submitting the request.
- Telephone, fax or email requests must be accompanied by this form.
- Original – Operations Center, Copy - Member

TYPE OF TRANSACTION	ITEM NUMBER	DATE OF ITEM or TRANSFER	AMOUNT	PAYABLE TO	SERVICE FEE	ACCOUNT NUMBER
<input type="checkbox"/> Share Draft or Check		<input type="checkbox"/> Postdated Item			\$35	
<input type="checkbox"/> Single Preauthorized Electronic Funds Transfer or Automated Clearing House <input type="checkbox"/> Recurring Preauthorized Electronic Funds Transfer or Automated Clearing House					\$35	
<input type="checkbox"/> Electronic Draft or Check Conversion Transaction					\$35	

- Item Description.** I request City & Police FCU to stop payment on the Share Draft or Check (hereinafter referred to as "Item"), Preauthorized Electronic Funds Transfer, Automated Clearing House, or Electronic Draft or Check Conversion Transaction described above. I warrant that the above description, including the item number, the date of item or transfer, its exact amount, the payee and account number are correct. I understand that the EXACT information is necessary for City & Police FCU's computer to identify the Item, Preauthorized EFT or ACH, or Conversion Transaction. If I give City & Police FCU the incorrect amount or any other incorrect information, City & Police FCU will not be responsible for failing to stop payment.
- Postdated Items.** If this is a Postdated Item, as indicated above under the Date of Item or Transfer section, I hereby request City & Police FCU to stop payment on the Item if presented for payment prior to the date of the Item. This Postdated Item is subject to all terms and conditions for Stop Payment Requests.
- Preauthorized Electronic Funds Transfer or Automated Clearing House.** I understand that a request to stop the payment of a Preauthorized EFT or ACH will only apply to the transfer scheduled for the date noted above, under the Date of Item or Transfer section. If I wish to stop additional Preauthorized EFTs or ACHs, I will have to submit additional Stop Payment Requests. I understand that a stop payment on an ACH item will expire in 12 months.
- Electronic Draft or Check Conversion Transaction.** I understand that if I authorize the conversion of an Item to an electronic transaction that it will be presented for payment electronically through ACH processes. Unless the box for Electronic Draft or Check Conversion Transaction located above, under the Type of Transaction section is marked, I warrant that the Item upon which I am requesting to stop payment is not an Electronic Draft or Check Conversion Transaction. I understand City & Police FCU will not stop payment on an Item if it is processed as an Electronic Draft or Check Conversion Transaction and I have not indicated that above.
- Stop Payment Requests.** I agree that City & Police FCU will not be responsible for stopping payment unless my Stop Payment Request is received:
 - by the close of business on the day prior to final payment or similar action; or,
 - by the close of business at least three (3) business days before the scheduled date of a Preauthorized EFT or ACH.
 I understand that my Stop Payment Request is conditional and subject to City & Police FCU'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 a verbal stop payment order will automatically terminate fourteen (14) days from the date of the order unless written confirmation is received within that period. For Consumer Accounts: The stop payment will remain in effect until the earlier of a) the withdrawal of the stop payment by the receiver; b) the return of the debit entry or where the stop payment order is applied to more than one debit entry under a specific authorization involving a specific originating company, the return of all such debit entries. For Business Accounts: The stop payment will remain in effect until a) the withdrawal of the stop payment by the receiver; b) the return of the debit entry; c) six months from date of stop payment order unless it is renewed in writing. I also agree to pay City & Police FCU a stop payment fee for each request as set forth above.
- Indemnification.** I agree to indemnify and hold City & Police FCU harmless from all costs, including attorney's fees (to the extent permitted by law), damages or claims related to City & Police FCU'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.

Request Verification	
Initial Request Date: _____	Expiration Date: _____
Time Received: _____	Employee Initial: _____

PRINT Account Owner(s): PRINT NAME(S)

X _____
 Member Signature Date

X _____
 Joint Member Signature Date

Original signature required. Computer signature not accepted.

Original signature required. Computer signature not accepted.