

"@h° ' 'OTOP PAYMENT FORM

JSC Federal Credit Union
P.O. Box 58346 • Houston, Texas 77258
281.488.7070 • www.jscfcu.org



A Bill Pay Stop Payment is used to prevent a Bill Pay transaction from clearing your account. This is only applicable if the item has not already processed, or cleared the account. Bill Pay Stop Payments can only be placed on checks. ACH and Debit Card Transactions cannot be stopped once authorized.

INSTRUCTIONS

Make sure the item you wish to stop has not already cleared your account.

Log into Bill pay through eBanking to view whether the transaction is a check (manual) or ACH (electronic). ACH cannot be stopped.

CHECK - Include the check number on the form. For a series of checks (consecutive), put the series of check numbers on 1 stop payment form. For multiple checks (not consecutive) - a stop payment form must be completed for **each** check.

There is a \$25 fee for each stop payment.

Check - stop payment will last 6 months.

WHERE DO I SEND MY COMPLETED FORM?

You can return the completed Bill Pay Stop Payment form to any JSC FCU branch or fax to 281.488.5116

*Please make sure to sign the completed form. A Bill Pay stop payment cannot be processed without a signature.

QUESTIONS

Contact the Accounting Department

Phone: 281.488.7070

Email: Accounting@jscfcu.org

Fax: 281.488.5116

STOP PAYMENT REQUEST ORDER

Customer Name:		Today's Date:	
Phone Number:		Time:	a.m. p.m.
Account Number:		Account Name:	
Date Check Written:		Expected Clearing Date:	
Amount:\$		Check Serial No.(s):	
Payable To:		Consumer Account:	Non-Consumer Account:
ACH/Electronic Check:		Check/Share Draft/Paper Draft:	
Verbal Stop Payment Request Date:		Written Confirmation of Revocation Received:	
Reason for Stop Payment:			
One-time only ACH Stop Payment on a Consumer Account*			
Stop Payment for multiple or recurring ACH entries on a Consumer Account:*			
1) I am ordering my financial institution to stop all future payments relating to a specific authorization involving this company: _____ 2) This financial institution may require you (account holder) to confirm in writing that you (account holder) have revoked the authorization given to: _____			
Stop Payment regarding any debit Entry on a Non-Consumer Account (<i>will remain in effect until the earliest of</i>):			
1) The withdrawal of the stop payment order by the Receiver 2) The return of the debit Entry 3) Six months from the date of the stop payment order, unless it is renewed in writing			
Stop Payment for Check/Share Draft/Paper Draft			
1) The stop payment order is effective for six months 2) The stop payment order may be renewed for an additional six-month period			
Notes:			

An RDFI must honor a stop payment order provided by a Receiver, either verbally or in writing, to the RDFI at least three Banking Days before the scheduled date of any debit Entry to a Consumer Account other than a Single Entry. An RDFI may in its discretion honor such a stop payment order received within such three Bank Day period.

An RDFI must honor a stop payment order provided by a Receiver, either verbally or in writing, to the RDFI as such time and in such manner as to allow the RDFI a reasonable opportunity to act upon the order prior to acting on a Single Entry debit to be initiated to a Consumer Account as an ARC, BOC, IAT, POP, RCK, TEL or WEB Entry.

An RDFI may require written confirmation of a verbal stop payment order within fourteen days of the verbal stop payment order provided that the RDFI notifies the Receiver of this requirement and provides an address to which the written confirmation should be sent at the time the verbal order is provided. If the RDFI requires a written confirmation, the verbal stop payment order will cease to be binding after fourteen days.

*A stop payment order will remain in effect until the earlier of: (a) the withdrawal of the stop payment order by the Receiver; or (b) the return of the debit Entry, or, where a stop payment order applies to more than one debit Entry relating to a specific authorization involving a specific Originator, the return of all such debit Entries. Subsection 3.7.1.4 of the NACHA Operating Rules & Guidelines.

By directing the Financial Institution to stop payment on the above transaction(s), I agree to indemnify the Financial Institution against all liability, loss, costs, damages, attorney's fees and other expenses. The Financial Institution shall have no liability or responsibility to any Originator, ODFI, or other Person having any interest in such Entry for honoring a stop payment order in accordance with Section 3.7 of the NACHA Operating Rules & Guidelines.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the transaction 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	FI Representative Signature	Print Name

A fee of \$ _____ will be assessed to the account holder as payment for this order.