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DRAFT STOP PAYMENT REQUEST FORM

Member Information

Account Number: _____ Share Draft ID #: _____
 Date of Request: _____ Time of Request: _____
 Member's Name: _____
 Member's Address: _____
 Street Address Apartment/Unit #
 City State Zip Code

Contact Info: _____
 Phone Email

Stop Draft Type: Written Verbal Check #: _____
 Effective Date: _____ Expiration Date***: _____
 Amount: \$ _____ Payee: _____

Reason for Stop Payment: _____

Stop PMT Fee Paid By: Cash /Check (# _____) /Debit Account (# _____)

***By signing below I agree to pay the \$25.00 service fee for the ACH stop payment request on the above described draft.*

Please stop payment on the draft (check) described above, unless you have already paid, certified or accepted it. ***I understand that if this request was made verbally to the credit union, the stop payment request will be void unless I, the member, sign this form within 14 days of the initial verbal request. I also understand that this request will cease to be effective six months from the above effective date, unless it is previously canceled or renewed in writing by me. **I understand it is not the credit union's responsibility to notify me when the time period lapses and if I choose to renew the stop payment request, I may be subject to pay another service fee.

Stop payment requests will be processed promptly, but the credit union will not be responsible for a check which is paid or settled by us within the first 24 hours after you request a stop pay. If we fail to carry out a timely stop pay, we will not be obligated to reimburse you, if the check discharge a valid obligation. If we do reimburse you the claim for funds against the payee of the check will be assigned to us and you agree to cooperate in collecting the amount wrongfully paid by the payee of the stopped check. We will attempt to stop payment in the event that you report the check to be lost or stolen.

 Member's Signature

 Date