

Stop Payment Request

You can request us to stop a payment of a preauthorized payment (ACH), or check or range of checks. You can make your request by completing and signing this form or by calling us at the number above. To request a stop payment, you must provide your account number, check number or range of checks, date and amount of check and the payee name. If the stop payment is for a preauthorized payment, you will need to request the stop payment at least three (3) business days prior to the next scheduled debit. If the information you provide is not correct, we will not be responsible if we are unable to stop the payment. We reserve the right to take up to the end of the next business day to determine whether a stop payment order can be executed. The order is ineffective if at the time of the request, we have already cashed the item or if we have otherwise become legally obligated to pay the item. Verbal stop payments are effective for 14 calendar days. A stop payment order will be accepted from any owner of a joint account regardless of which owner signed the check. A revocation of a stop payment order is not valid unless in writing and delivered to us. Only the person who originally placed the stop payment order can revoke it. You agree to hold harmless and indemnify Utilities Employees Credit Union for any losses, expenses, and costs, including attorney's fees incurred by Utilities Employees Credit Union for refusing payment of any item on which you have stopped payment or for the payment of an item after a stop payment order has expired. You agree to pay the stop payment fee and you understand that it will be assessed to your account. Stop payment fees are listed in the current fee schedule.

Requested by:

Account Owner Name _____
 First MI Last, Suffix (if any) _____ Account Number _____ Social Security Number/TIN _____
 Phone - Daytime (with Area Code) _____ Phone - Evening (with Area Code) _____

Check Stop Payment

Release stop pay

_____ \$ _____ # _____
 Date of Check Amount of Check Check Number
 Payee Name _____ Reason for Stop Payment _____

Check Range Stop Payment

Release stop pay

_____ # _____
 Beginning Check Number Ending Check Number
 Payee Name _____ Reason for Stop Payment _____

Preauthorized ACH

(Request must be placed at least 3 business days before the next scheduled transaction/debit)

Release stop pay Stop Credits Only Stop Debits Only Stop Debits and Credits

\$ _____
 Date of Next Scheduled ACH Debit Transaction Amount or Print "ANY"
 Payee Name _____ Reason for Stop Payment _____

Sign this form and return it within 14 days for the stop payment to be effective indefinitely, unless you release the stop in writing. Otherwise, it will expire on _____ (14 days).

 Account Owner's Signature (please sign in ink) Date

Mail completed form to: UECU, PO Box 14864, Reading, PA 19612-4864 or fax to 610-927-4029.

Request taken by _____ on ____/____/____.