



2000 West Lindsey · Norman, Oklahoma 73069-4106
 Phone (405) 325-2211
 Fax (405) 325-7931

ACH STOP PAYMENT REQUEST

Member Name & Phone Number		
Member Number	Amount of Item or <input type="checkbox"/> Any Amount	Item #, if any
Originating Company		
Fee \$20.00	Date of Request	Scheduled Posting Date
Reason for Stop Payment Request		

- I wish to stop **ALL FUTURE** payments from this originator indefinitely.
- I wish to stop **ONLY THE NEXT** payment. Future items will be paid unless I submit another stop payment request.

I understand the credit union will not be responsible for stopping payment unless my request is received within a reasonable time for the Credit Union to act prior to final payment or other action or at least 3 business days before the scheduled date of a preauthorized electronic funds transfer. The Credit Union's liability shall not, in any event exceed the amount of the Item described above. This Stop Payment Request is subject to the Oklahoma UCC and ACH rules. I agree to reimburse the Credit Union for any loss it sustains in honoring this request. I agree to notify the Credit Union promptly upon issuance of any duplicate item, which replaces the item subject to this Stop Payment Request, or upon return of the original item. I agree to pay the Credit Union the stop payment fee disclosed above for each stop payment request. I assert that I am an authorized signer or have authority to act on this account and that this written statement is true and correct.

This stop payment will remain in effect until the earliest of one of the following:

1. The withdrawal of the stop payment order by an authorized signer on this account; or
2. The return of the debit entry in the case of a single posting item or all in the event recurring items, all debit entries.

- I wish to **REVOKE** my previously authorized Stop Payment Request.

Date & Time Received: _____

 Member Signature Date

 Member Signature Date