

**Utilities Employees Credit Union
STOP PAYMENT REQUEST**

You can request us to stop payment of a preauthorized payment (ACH), a check or a range of checks. You can make your request by completing and signing this form or by calling us at (610) 927-4000 or (toll free) 1-800-288-6423. 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 written stop payment is effective for six (6) months but may be renewed by the Account Owner upon request in writing. 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. Account Owner agrees 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 Account Owner has 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.

Requested by:

Owner Name:

Social Security:

Phone Number: (Day) **(Evening)**

Account Number:

A: For Check:

Release stop pay

Date of Check: Amount of Check \$ Check No

Payee Name:

Reason for Stop Payment:

B: For a Range of Checks:

Release stop pay

Beginning No and Ending No.

Reason for Stop Payment:

C: For Preauthorized ACH:

Release stop pay

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

Date of Next Scheduled ACH Debit Transaction Amount \$

Payee Name:

Reason for Stop Payment:

Account Owner's Signature _____ **Date** _____

Sign this form and return it within 14 days for the stop payment to be effective a full 6 months. Otherwise, it expires in 14 days.

Mail completed form to: **Utilities Employees Credit Union
PO Box 14864
Reading, PA 19612-4864**