



Global 1 Federal Credit Union

7512 Maple Avenue
 Pennsauken, NJ 08109
 Phone: 856-320-4706
 Fax: 856-320-4709

STOP PAYMENT REQUEST

MEMBER NAME:	MEMBER NUMBER:
PAYABLE TO (ORIGINATING COMPANY):	COMPANY ID:
AMOUNT:	ITEM DATED:
REASON FOR THE STOP ORDER:	

 Stop Payment

 Release of Stop Order

**** A Twenty Dollar (\$20.00) fee will be assessed to your account****

 Share Draft

Check# _____ Effective for Six (6) months

For ACH Electronic Items – Please indicate your specific choice for stopping payment from the Originating Company named above:

 I wish to stop the next payment only

(Future entries from this Originator are to be paid, unless I provide **Global 1 Federal Credit Union** with an additional stop payment orders)

 I wish to stop a series of Payments

Identify the payment dates, or months, of the specific payments from the Originator you wish to stop.

**** TO STOP ALL FUTURE PAYMENTS FROM THIS ORIGINATOR INDEFINATELY AN WRITTEN STATEMENT OF UNAUTHORIZED DEBIT MUST BE COMPLETED****

For ACH electronic items: I acknowledge that I have read and agree to the terms and conditions stated in the Electronic Funds Transfer disclosure and agreement. An electronic stop payment order must be received three (3) business days or more before the next scheduled ACH transfer payment or request. I, the credit union member, further represents that the debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me.

I agree to indemnify **Global 1 Federal Credit Union** against any expense or loss suffered as a result of refusing to pay this item(s). Should litigation arise between us, I agree to waive jury trial and to be governed by Pennsylvania State Law with respect to the stop payment. This request supersedes any prior oral stop payment request. It is effective only if the item has not been paid, even if it has been accepted by **Global 1 Federal Credit Union**. I understand I must provide the exact details of the item to enable **Global 1 Federal Credit Union** to stop payment. I have the burden of establishing the fact and amount of loss resulting from payment contrary to a binding stop payment order.

Member Signature

Date

CREDIT UNION USE ONLY

Date Received: From: <input type="checkbox"/> Branch <input type="checkbox"/> Email <input type="checkbox"/> Mail Staff Initials:	Investigation: Date: Staff Initials:	Entered in System: Date: Time: Staff Initials:	Fee/Item Cleared: Date: Staff Initials:
<input type="checkbox"/> Telephone Request: _____ Time: _____ Disclosure written order due in 14 days? <input type="checkbox"/> Y <input type="checkbox"/> N			