



Stop Payment Order Check (Draft)/ACH

The Undersigned is the drawer of the item described below and requests CPCU to Stop Payment on the Check or Automatic Clearing House (ACH) transaction(s) as described. Failure to provide the **exact information** will result in the inability of CPCU to honor the Stop Payment Order, and if such occurs, CPCU will not be responsible for failing to honor this Stop Payment Order. It is further understood that CPCU assumes no liability for any actions taken regarding the payment or non-payment of the Check or ACH transaction mentioned in the Stop Payment Order. **Items identified with an asterisk (*) must be completed in order to process your request.**

Check/Draft

Fee \$ _____

Member's Name _____ Micr No/Acct No* _____ Member Phone # _____

Check* # _____ Date Check Written* _____ Check Amount* \$ _____

Check Payee* _____

Lost/Stolen Blank Checks Range from Check* # _____ to Check* # _____

Stop Payment Reason*: _____

Electronic/ACH Item

Fee \$ _____

I hereby instruct CPCU to stop payment on the following transaction. I warrant that the information is exact and correct. I understand a stop payment order on an ACH debit entry/item must be received by CPCU in time to allow CPCU a reasonable opportunity to act on it. For preauthorized ACH debits, the order must be received at least **three (3) banking days** prior to the scheduled date of the transfer. CPCU will place a stop payment on the entry/item indicated only if the entry/item is received by CPCU after the date of the stop payment order. CPCU will not place a stop payment on an entry/item received on or before the date the stop payment request is received.

ACH Sending Institution/Company* _____ ACH Item Amount* \$ _____

Micr No/Acct No* _____ Check* # _____

If the ACH amount is not provided, all debit entries from this ACH sending institution/company will be stopped until you revoke this Stop Payment Order.

Terms and Conditions of Stop Payment Order

1. A **Verbal Stop Payment Order** will automatically terminate fourteen (14) calendar days from the date of the order unless a written confirmation is received within that period.
2. **Expiration and Renewal for Checks:** Unless cancelled or renewed in writing, this order will be in effect for six (6) months and will thereafter automatically expire. Should the stop Payment Order expire and the item is subsequently presented, you release CPCU from any and all liability, claims and damages resulting from CPCU honoring or paying the item.
3. **Cancellation** of a Stop payment must be in writing.
4. An **ACH Stop Payment Order** is for the above ACH transaction, and all future transactions from this ACH Sending Institution/Company. This ACH Stop Payment Order will remain in effect until you withdraw this ACH Stop Payment Order. This ACH Stop Payment Order applies to ALL debit entries under the SAME sending institution/company, unless you list a specific dollar amount. Please contact the Credit Union if an ACH item clears; in most cases a posted ACH transaction can be returned according in ACH Rules.
5. A **Stop Payment Fee** will be deducted from your account at the time that the Stop Payment Order is processed. Please refer to a current fee schedule.
6. **Signed and completed** Stop Payment Order Forms for Check/Draft or ACH Transaction may be sent by mail to: Consumers Professional Credit Union, 525 W Willow, Lansing, MI 48906. Fax: (517) 371-2728

Drawer/Member's Signature _____ Date _____

For Credit Union Only

Completed ☐ Flex ☐ Cencorp ☐ Fedwire Date _____ Employee _____ Received Date & Time _____