FIRST PEOPLES
Community Federal Credit Union

STOP PAYMENT REQUEST FORM

Please submit completed form to a local branch, email to memberservice@firstpeoples.com, fax to 301-759-3529 or mail to PO Box 5149, Cresaptown, MD 21505-5149.

Today's Date:_____   Time:_____   ☐ a.m.   ☐ p.m.

Account Number:_____   Account Type: ☐ Consumer   ☐ Corporate

Account Name:_____   Contact Phone No.:_____

Payable to:_____   Transaction Amount $_____

Check Serial No.(s):__*Required for POP, ARC, BOC, and RCK Entries*__   Date Check(s) Written:_____

Expected Clearing Date of Item(s):_____   Reason for Stop Payment:_____

☐ **Stop Payment for Single ACH Payment (Consumer Account)**
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs First Peoples Community Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect:
(1) until written notice is received from the account holder to revoke the stop payment order, or
(2) until payment of the entry has been stopped, whichever occurs first.

☐ **Stop Payment for Recurring ACH Entries: Verify Standard Entry Class Code ____PPD ____WEB ____IAT (consumer)**
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs First Peoples Community Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction(s).

The account holder authorized _____(company name) to originate one or more ACH entries to debit funds from the above account,
(1) but on _____(date), revoked that authorization by notifying _____(company name) in the manner specified in the authorization; or
(2) will be notifying _____(company name) on _____(date) in the manner specified in the authorization.

The account holder agrees to provide the Financial Institution with written confirmation of the revocation with _____(company name) within 14 calendar days from today's date. If the Financial Institution does not receive the required written confirmation, then it will honor subsequent debits to the account.

☐ **Stop Payment for One ACH Payment (Corporate Account)**
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs First Peoples Community Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect for six months.

☐ **Stop Payment for Check**
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs First Peoples Community Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing the order. Fee Assessed $_____

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Date _____   Account Holder Signature _____   Print Name _____

Date _____   Account Holder Signature _____   Print Name _____

FOR FINANCIAL INSTITUTION USE ONLY

Verbal Stop Payment Request Accepted on _____   By _____

Signed Stop Payment Request Accepted on _____   By _____

Written Confirmation of Revocation Received on _____   By _____

© EPCOR 2010

www.firstpeoples.com
PO Box 5149 Cresaptown, MD 21505-5149
t 301.784.3000   f 301.759.3529