



**ALABAMA**  
credit union

**STOP PAYMENT REQUEST FORM**  
**POSTDATED NOTICE FORM**

Item No(s)/Type:  Draft/Check \_\_\_\_\_  EFT/ACH  
 Date of Item/Transfer: \_\_\_\_\_  Postdated Item  
 Amount: \$ \_\_\_\_\_  
 Payable To: \_\_\_\_\_  
 Service Fee: \$ \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Request Verification/Renewal:  
 Oral Request  Written Request  Renewal Request (6 months)  
 Date of Initial Request: \_\_\_\_\_  
 Home phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 Work phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 Email address: \_\_\_\_\_

Member Signature: x \_\_\_\_\_ Date: \_\_\_\_\_  
 Member Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

**1. Item Description.** I request Alabama Credit Union to stop payment on the share draft, check, preauthorized electronic funds transfer ("EFT"), or ACH draft ("item") described above. I warrant that the item description, including the date or scheduled transfer date, its exact amount, the item number and payee are correct. I understand that the EXACT information on the item is necessary for Alabama Credit Union's computer to identify the item. If I give Alabama Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the item.

**2. Postdated Items.** If this Notice involves a Postdated Item, as indicated above, I hereby request the Credit Union to Stop Payment on the share draft or check if presented for payment prior to the date of the Item. My Stop Payment Notice on a Postdated Item is subject to all other terms and conditions for Stop Payment Orders.

**3. Stop Payment Order.** I agree Alabama Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by the Credit Union: (1) within a reasonable time for the Credit Union to act on my order prior to a final payment or similar action; or (2) at least three (3) business days before the scheduled date of the preauthorized EFT or ACH draft. I understand that my stop payment request is conditional and subject to Alabama Credit Union's verification that the Item has not already been paid or that some other action to pay the Item has not been taken. I understand that my Stop Payment Order will be effective as follows: I may make an oral Stop Payment Order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. A written Stop Payment Order will be effective for six (6) months. A written Stop Payment Order may be renewed in writing from time to time. I also agree to notify Alabama Credit Union promptly upon the issuance of any duplicate Item which replaces the Item subject to this order or upon return of the original Item. I agree to pay Alabama Credit Union a stop payment fee for each request as set forth above.

**4. Indemnification.** I agree to indemnify and hold harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the Item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an Item as a result of incorrect information provided by me. *NOTE: Stop Payment Requests are processed only during business hours.*

**Please print legibly or type. When completed, mail or fax to:**

Alabama Credit Union, P. O. Box 862998, Tuscaloosa, AL 35486-0027; Fax 205-348-3892

or

Alabama Credit Union, UAH-851 John Wright Drive, Huntsville, AL 35899; Fax 256-824-6566

**For credit union use only:**

Received by: \_\_\_\_\_ Date and Time: \_\_\_\_\_