

STOP PAYMENT REQUEST ORDER

Today's Date _____ Time _____ am/pm Consumer Corporate

Member Name _____ Contact Phone # _____

Payable To _____ Transaction Amount _____

Expected Clearing Date of Items _____ Reason for Stop Payment _____

Member Number _____ Check Serial No.(s) _____ Date Check(s) Written _____

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Pathways Financial Credit Union, hereinafter called "Pathways Financial Credit Union," to stop payment on the below transaction(s).

One ACH Payment (Consumer Account)

The stop payment order shall remain in effect until the earlier of:

1. Written notice being received from the account holder to revoke the stop payment order; or
2. The return of the debit entry.

Recurring ACH Payment (Consumer Account) (Recurring PPD, TEL, WEB, or IAT ONLY)

The account holder authorized _____ (company name), hereinafter called "the Company," to originate one or more ACH entries to debit funds from the above account.

(A) On _____ (date), the account holder revoked that authorization by notifying the Company in the manner specified in the authorization; or

(B) The account holder will be notifying the company on _____ (date) in the manner specified in the authorization.

- By checking this, the account holder is required to provide written confirmation of the revocation with the Company to Pathways Financial Credit Union within 14 days from today's date. If Pathways Financial Credit Union does not receive the required written confirmation, the stop payment order will cease to be binding and subsequent debit to the account will be honored.

The stop payment order shall remain in effect until the earlier of;

1. Written notice being received from the account holder to revoke the stop payment order;
2. The return of all debit entries

ONE ACH Payment (Corporate Account)

The stop payment order shall remain in effect until the earlier of;

1. Written notice being received from the account holder to revoke the stop payment order;
2. The return of the debit entry; or
3. Six months from the date of the stop payment order, unless it is renewed in writing.

Check

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 this order. Fee assessed - \$25.00. By directing Pathways Financial Credit Union to stop payment on the above transaction(s), the account holder agrees to hold Pathways Financial Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that Pathways Financial Credit Union 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) days before a scheduled debit(s) or in time to give Pathways Financial Credit Union 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 Pathways Financial Credit Union 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 stated 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 _____

I (account holder) release Pathways Financial Credit Union from its obligation to stop payment on the above transaction(s).

Date _____ Account Holder Signature _____ Print Name _____

<i>For Pathways Financial Credit Union Use Only</i>	
Verbal Stop Payment Request Accepted on _____	By _____
Signed Stop Payment Request Accepted on _____	By _____
Written Confirmation of Revocation Received on _____	By _____