

Please use this form to place a stop payment on your account. This form will be used for both checks and ACH electronic items.

The "Stop Payment Request Order" form cannot be used to dispute an electronic transaction. To dispute an electronic transaction, please complete the "Written Statement of Unauthorized Debit" form.

To speed the processing of your application, please follow these steps:

1. Complete the Stop Payment form in full.
2. Send your completed form to DCU by:
 - Faxing your form to the Electronic Services Fax Line: 508.772.0563

OR

- Mail your completed form to:

**Digital Federal Credit Union
Attn: Electronic Services Dept.
220 Donald Lynch Boulevard
PO Box 9130
Marlborough, MA 01752-9130**

What you can expect

If you fax your completed form to us or bring the completed form to a DCU branch office, we'll process your request within 48 hours of receipt.

If you mail your completed form to us without faxing it first, you **MUST** allow 2 weeks for postal delivery and DCU processing.

Please note that incomplete forms cannot be processed.



BANKING – THE DCU WAY

Digital Federal Credit Union • 220 Donald Lynch Blvd
PO Box 9130 • Marlborough, MA 01752-9130
508.263.6700 • 800.328.8798 • dcu.org • dcu@dcu.org

STOP PAYMENT REQUEST ORDER

Today's Date _____ Contact me at _____

Member Name _____ Member Number _____ Account No. _____

Expected Clearing Date for ACH _____ Payable To _____

Transaction Amount \$ _____ Check(s) No. _____ Date Check(s) Written _____

Reason for Stop Payment _____

Please select only one option:

• **Stop Payment for Check – Terms and Conditions**

Full-Term Stop Payment. On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment shall remain in effect for 1) six months; 2) until written notice is received from the account holder to revoke the stop payment order, whichever occurs first.

• **Stop ACH Payment (Consumer) – Terms and Conditions**

- One-Time Stop Payment - Stop Payment Effective Until:** _____
- Temporary Stop Payment - Stop Payment Effective between** _____ **and** _____
- Indefinite Stop Payment**

On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment shall remain in effect for until written notice is received from the account holder to revoke the stop payment order.

• **Stop Payment for Recurring ACH Entries (Consumer has revoked authorization) – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment shall remain in effect for until written notice is received from the account holder to revoke the stop payment order.

I authorized _____ (company name) to originate one or more ACH entries to debit funds from my account, but on _____ (mm/dd/yyyy) I revoked this authorization by notifying them in the manner specified in the authorization.

• **Stop ACH Payment (Corporate – CCD, CTX, Non-Consumer IAT) – Terms and Conditions**

- One-Time Stop Payment - Stop Payment Effective Until:** _____
- Full-Term Stop Payment**

On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment shall remain in effect for 1) six months; 2) until written notice is received from the account holder to revoke the stop payment order, whichever occurs first.

I am requesting that you stop payment on the item described and checked above. I understand that the oral Stop Payment request will expire in fourteen (14) days unless I sign and return this form. By directing DCU to stop payment of this item, I agree to hold DCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of DCU having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request must be received in time to give DCU reasonable time to act on it. If I am requesting that you stop payment on an ACH debit, I understand this request must be received no less than three (3) business days prior to the expected Date.

If this box is checked, I have asked you to Stop Payment on the Amount rather than the Check Number or ACH Company ID. I understand that you advise against this request and that this will result in the return of any item presented against this account for this dollar amount during the time this Stop Payment Request is in effect.

A \$25.00 fee, as disclosed in your *Schedule of Fees and Service Charges*, will be assessed to my DCU account for processing this Stop Payment Request.

Member Signature: _____ Date: _____

INTERNAL USE ONLY Processed By # _____ Date _____ Fee W/D (Y/N/NA)