



430 South 4th Street, Reading, PA 19602
(800) 451-3477 • (610) 374-8351
Fax (610) 374-0686

STOP PAYMENT RELEASE REQUEST FORM

Member's Name _____ Account # _____

Address _____

Home Telephone (_____) _____ Mobile Work (_____) _____

This is a request to release a stop payment previously placed on a: Check Postdated Check EFT/ACH

Item number or series (check): _____ Drawn on: Checking Money Market Line of Credit

Date of Item (check): _____ Date of Transfer (EFT/ACH): _____

Date of initial stop payment order: _____

Amount: \$ _____

Payee (check) or Company Name (ACH): _____

ACH Reference Number (Group ID): _____

By signing below, I acknowledge I am requesting Riverfront Federal Credit Union (Credit Union) to release a stop payment order that I previously requested on a share draft, check, preauthorized electronic funds transfer (EFT), or ACH draft ("Item") as indicated above. I agree to indemnify and hold the Credit Union 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 payment of the Item on or subsequent to the date of this notice, including claims of any joint owner, payee, or endorsee, or in failing to pay the Item as a result of incorrect information provided by me.

Member's Signature _____ Date _____

Upon completing, please mail or fax to the credit union's address listed above Attn: Stop Payment Release

CREDIT UNION USE ONLY:

Request received by _____ Date _____ Via In person Phone Fax

Form submitted to member by mail Member accessed form online

Stop payment release processed by: _____ Date: _____