



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

STOP PAYMENT REQUEST FORM / POSTDATED ITEM NOTICE

Member's Name _____ Account # _____

Address _____

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

This is a request to stop payment of 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): _____

Amount: \$ _____

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

ACH Reference Number (Group ID): _____

Is this a request to renew an existing stop payment order? Yes No

Fee: \$7.50 single check \$15 series of checks \$5 per EFT/ACH item

By signing below, I acknowledge I have read and agree to the terms below:

Member's Signature _____ Date _____

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

(1) Item Description. I request Riverfront Federal Credit Union (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 or company name are correct. I understand that the EXACT information on the Item is necessary for the Credit Union's computer to identify the Item. If I give the 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 that the 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 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 the 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 the Credit Union promptly upon the issuance of any duplicate Item which replaces the Item subject to this order upon return of the original Item. I agree to pay the Credit Union a stop payment fee for requests as set forth above. I understand that the Credit Union may accept a stop payment request from any of the joint owners of the account regardless of who signed the check or authorized the transfer. A release of the stop payment order may be made only by the person who initiated the stop payment.

(4) Indemnification. 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 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.

CREDIT UNION USE ONLY:

Initial request received by _____ Date _____ Via In person Phone Fax

Form submitted to member by mail Member accessed form online

Stop payment processed by: _____ Date: _____

Written request received by: _____ Date: _____