



**General Electric  
Credit Union**

## Stop Payment Request Form

Complete this form and email it to: [ach@gecreditunion.org](mailto:ach@gecreditunion.org). Please allow up to three days for processing.

### 1. Transaction information

Name: \_\_\_\_\_ Account number: \_\_\_\_\_  
Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_  
Reason: \_\_\_\_\_  
If applicable: check serial number: \_\_\_\_\_ Date check written: \_\_\_\_\_

### 2. Statement

On the terms hereinafter set out, the undersigned accountholder hereby instructs General Electric Credit Union, hereinafter called "the Financial Institution," to stop payment on the above transaction(s). I understand the Financial Institution may assess a \$32 stop payment fee per the current Fee Schedule.

- ☐ **Check Stop Payment:** The stop payment shall remain in effect for 1) six months; 2) until written notice is received from the accountholder to revoke the stop payment order, whichever occurs first.
- ☐ **ACH Stop Payment: select one option below:**
- ☐ **Temporary ACH Stop:** Stop payment shall remain in effect until:
  - ☐ **Indefinite Stop Payment:** Stop payment shall remain in effect until written notice is received from the accountholder to revoke the stop payment order.
- ☐ **Cancel Stop Payment:** I hereby request to release the stop payment that was placed on the above item.

### 3. Signature

By directing the Financial Institution to stop payment on the above transaction(s), the accountholder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction(s) if presented prior to withdrawal of these instructions or expiration thereof. The accountholder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it. The accountholder 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 accountholder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if (a) such payment is the result of failure of the accountholder to meet the time requirements noted above, (b) is the result of failure of the accountholder to furnish any item of information according to the terms herein; provided, however, such agreement by accountholder shall not extend to costs arising from honoring a valid stop payment request or if the Financial Institution is unable to stop payment due to inadvertence, accident, or oversight.

*I am an authorized signer, or otherwise have the authority to act, on the account identified in this statement. I attest that the debit 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_