



The Educated Choice

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 Mail: P.O. Box 9005, Smithtown, NY 11787

## STOP PAYMENT REQUEST

Member Name:	Member Number:
Payable To (Originating Company):	Company ID:
Amount:	Item Dated:
Reason for the Stop Order:	

- Stop Payment
  Release of Stop Order

**\*\* A Twenty Five Dollar (\$25.00) fee will be assessed to your account\*\***

- Share Draft      Check # \_\_\_\_\_      Effective for Six (6) months

- Bill Payer (paper –only) Item**      TFCU may only stop payment on a bill payer item if that item is processed via paper entry. Stop payment requests for Bill Payer transactions that are received after 1:00pm Monday to Friday will only be processed the following business day.  
(Staff to verify)

**For ACH Electronic Items – Please indicate your specific choice for stopping payment from the Originating Company named above:**

- I wish to stop the next payment only**  
(Future entries from this Originator are to be paid, unless I provide TFCU with an additional stop payment orders)
- I wish to stop a series of Payments**  
Identify the payment dates, or months, of the specific payments from the Originator you wish to stop.

\_\_\_\_\_

**\*\*To stop all future payments from this Originator indefinitely an Affidavit of Revocation, Form F-32, must be completed\*\***

For ACH electronic items: I acknowledge that I have read and agree to the terms and conditions stated in the Electronic Funds Transfer disclosure and agreement. An electronic stop payment order must be received three (3) business days or more before the next scheduled ACH transfer payment or request. I, the credit union member, further represents that the debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me.

I agree to indemnify Teachers Federal Credit Union against any expense or loss suffered as a result of refusing to pay this item(s). Should litigation arise between us, I agree to waive jury trial and to be governed by New York State Law with respect to the stop payment. This request supersedes any prior oral stop payment request. It is effective only if the item has not been paid, even if it has been accepted by TFCU. I understand I must provide the exact details of the item to enable TFCU to stop payment. I have the burden of establishing the fact and amount of loss resulting from payment contrary to a binding stop payment order.

Member Signature: \_\_\_\_\_

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

Request Received From: <input type="checkbox"/> Branch _____ Date _____ <input type="checkbox"/> Via Mail: Staff Initials _____	Investigation: Date: _____ Staff Initials: _____	Requested Processed: Date: _____ Time: _____ Staff Initials: _____	\$25 Fee Processed: Date: _____ Staff Initials: _____
<input type="checkbox"/> Telephone request: Time: _____ Disclosed written order due in 14 days? <input type="checkbox"/> Y <input type="checkbox"/> N			

Authorized Staff Signature: \_\_\_\_\_