# motion
## Federal Credit Union

**360 North Wood Ave. ● Linden, New Jersey 07036**
**Phone: 908-862-6966 ● Fax: 908-523-6119**

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### STOP•PAYMENT REQUEST ORDER - FOR CHECKS AND ACH ENTRIES

**TRANSACTION TYPE**: ☐ **ACH/ELECTRONIC CHECK** ☐ **CHECK/SHARE DRAFT** ☐ **PAPER DRAFT**

**NOTE: Your instructions are accepted only if the check has not been processed, certified, settled or paid.**

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|---|---|
| Account Name: | Account Number: |
| Check Number:<br>*(For: POP, RCK, ARC, and BOC ACH Debits, and Check/Share Drafts or Paper Drafts)* | Amount: |
| Payable to/Payee: | Expected Clearing Date (ACH): |
| Reason for Stop-Payment: | Date of Check: |

☐ **Stop Single Entry** ☐ **Stop Multiple Entries** ☐ **Stop All Future ACH Debits Under a Specific Authorization (ACH only)\***
**For PPD entries (Preauthorized Pay/Deposit) and recurring WEB entries:**

Three banking days advance notice prior to the expected transfer date of the debit entry is required to implement the stop-payment request as stated below in the Terms and conditions. _____ **Account Holder initial here.**

If this stop-payment order instructs the Credit Union to stop all future payments pursuant to a specific authorization involving a specific Originating Company, account holder should initial here to indicate that they have contacted the Company to revoke the authorization. Account holder agrees to provide a copy of the revocation of authorization to the Credit Union upon request _____ **Account Holder initial here.**

**For all other transaction types:** Check/Share Draft /ARC Entry/ CTX Entry/ TEL Entry/ WEB Entry (Single entry only) Paper Draft/ CCD Entry/RCK Entry/POP Entry & BOC Entry. The stop-payment request must be provided to the Credit Union within reasonable time as stated below in the Terms and Conditions. _____ **Account Holder initial here**.

### Terms and Conditions

I understand that in acting on this request, Motion Federal Credit Union will comply with the requirements of the Uniform Commercial Code as adopted in New Jersey governing stop-payment orders. In order to be effective, a stop-payment order must be received in time to give the Credit Union a reasonable opportunity to act on it, and should precisely identify the number, date, the amount of the item, and identify the payee. Properly signed check/Share Draft stop-payment Orders are *effective* for **six months** after date of acceptance and will automatically expire after that period unless the order is renewed in writing.

With respect to ACH stop-payment orders, properly signed orders shall remain in effect until the earlier of (1) the withdrawal of the stop-payment order by the account holder, (2) the return of the debit entry, or, where a stop-payment order is applied to more than one debit entry under a specific authorization involving a specific originator, the return of all such debit entries. **For PPD entries, IAT entries, and recurring WEB entries:** Three banking days advance notice prior to the expected transfer date of the debit entry is required to implement the stop-payment request. If the stop-payment order is received within three banking days of the expected transfer date, the Credit Union will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided. For **ARC entries, TEL entries, Single Entry WEB entries, RCK entries, POP entries, and BOC entries:** The stop-payment request must be provided to the Credit Union in such a time and manner as to allow the Credit Union reasonable time to act on the request prior to acting on the debit entry.

The below signed agrees to hold Motion Federal Credit Union harmless for said amount, as well as for all expenses and costs incurred by Motion FCU through refusing payment of above check. Motion FCU Union will not be held liable for loss resulting directly from a wrongful refusal to pay a share draft or check drawn by the member. I hereby confirm that all information and amount furnished above are correct. In the event I provide the Credit Union with incorrect information, I understand that the Credit Union will not be responsible to me for any losses which I incur as a result of the Credit Union will not be able to stop-payment on the requested item.

A charge, as reflected below, will be assessed to the account as payment for implementing this order.

**FEE ASSESSED:** ■ **STOP-PAYMENT $20.00 PER ITEM STOPPED**

> **I FURTHER DEPOSE AND SAY THAT THE TRANSACTION DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRAUDULENT INTENT BY ME OR ANY PERSON ACTING IN CONCERT WITH ME, AND THAT THE SIGNATURE BELOW IS MY OWN PROPER SIGNATURE. I CERTIFY UNDER PENALTY OF PURJURY THAT THE FORGOING IS TRUE AND CORRECT.**

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Date | Account Holder Signature | Print Name |
| _____ | _____ | _____ |
| Date | CU Employee Signature | Print Name |

**Motion FCU Rev: 02/2013**