

# STOP PAYMENT REQUEST FORM



## COMPLETE, PRINT, MAIL OR FAX

Mail to: **Nova Credit Union**  
Attn.: Stop Payment  
3601 Mulberry Church Road  
Charlotte, NC 28208

Fax to: **(704) 392-4489**

## MEMBER INFORMATION

Name (First, MI, Last)		Phone Number	
Address	City	State	ZIP Code

## STOP PAYMENT REQUEST

Transaction Type

**ACH/Electronic Check** If ACH stop, this is a:  One-Time Stop  Permanent Revocation Company Name \_\_\_\_\_

**Check/Share Draft**  **Share Draft Range**  **Verbal Request\***

Today's Date	Account Number	Draft Number	Ending Draft Number (if range)
Date of Draft or Expected Date of ACH Debit	Amount	Payee	

Reason for Stop Payment

\*For verbal requests of stop payments, the credit union will provide this form to the account holder for signature. The signed form must be returned to the credit union no later than 14 calendar days from the date issued. The verbal stop payment order will cease to be binding after 14 calendar days. Verbal requests are valid only on share draft stops.

**ACH stop payments will not be placed until the credit union receives this completed form. A separate form will need to be completed for each item.**

## STOP PAYMENT TERMS AND CONDITIONS AND SIGNATURE

On the terms hereinafter set out, the undersigned account holder hereby instructs Nova Credit Union, hereinafter called "the Credit Union", to stop payment on the above transaction(s).

For stopped drafts, the stop payment order shall remain in effect for a) six months; b) until written notice is received from the account holder to revoke the stop payment order. The account holder may renew this request when the six-month period has expired by completing a new Stop Payment Request Order.

For stopped ACH debits, three banking days advance notice prior to the expected date of the debit entry is required to implement the stop payment request. The credit union will attempt to satisfy the requests of the account holder, but will not be held liable if sufficient time was not provided. Please be advised certain ACH items are not allowed to have stop payments placed.

The account holder understands that the stop payment request must be received in time to give the credit union reasonable time to act upon it. The account holder also understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify the credit union for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of a failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, and accurately.

**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 acknowledges that I have read and agree to the terms and conditions of this request. If the item is presented in a different method than I have indicated, the item may still be paid with no liability to the Credit Union.**

**A charge of \$35.00 will be assessed to the account holder as payment for implementing this order.**

Signature	Date
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**NOVA CREDIT UNION**  
3601 Mulberry Church Road | Charlotte, NC 28208  
(704) 392-3418 | (800) 865-0445  
NovaCU.com

## FOR CREDIT UNION USE ONLY

## FOR ACCOUNTING USE ONLY

Date Received	Nova CU Team Member	Date Received	Fee Assessed	Oral Request Start Date	Expires	Accounting Employee Signature
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