



## Stop Payment Request Order

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Please use this form to place a stop payment on your account. This form will be used for both checks and ACH electronic items.

The "Stop Payment Request Order" form cannot be used to dispute an electronic transaction that has already been posted. To dispute an electronic transaction, please complete the "Written Statement of Unauthorized Debit" form.

To speed the processing of your application, please follow these steps:

1. Complete the Stop Payment Request Order in full. Sign and date the order.
2. Send your completed form to UTELFCU by:
  - Faxing your form to (315) 793-8296

OR

- Mail your completed form to:  
  
Utica District Telephone Employees FCU  
2812 Genesee Street  
Utica, NY 13502

OR

- Bring it to the credit union in person.

## What you can expect

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If you fax your completed form to us or bring it in to the credit union, we will process your request upon receipt.

If you mail your completed form to us without faxing it first, you **MUST** allow 2 weeks for postal delivery and UTELFCU processing.

Please note that incomplete forms cannot be processed.



# Stop Payment Request Order

2812 Genesee Street  
Utica, NY 13502  
Ph. (315) 724-5133 • Fax (315) 793-8296  
[www.utelfcu.net](http://www.utelfcu.net) • [utelfcu@utelfcu.net](mailto:utelfcu@utelfcu.net)

You must complete, print and sign this form. Please refer to the cover page for submission instructions.  
**Your signature and date is required to complete this process.**

All fields are required.

Draft/Check     Electronic Draft/Check Conversion Transaction     Preauthorized Electronic Fund Transfer

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Member Number \_\_\_\_\_ Checking / Savings (circle one)

Draft/Check Number(s) \_\_\_\_\_ Payable to (Payee) \_\_\_\_\_

Amount \$ \_\_\_\_\_ Date of Item/Transfer \_\_\_\_\_ EFT Recurring **Y / N** (circle one)

**DISCLOSURE: The undersigned account holder hereby instructs UTELCU to stop payment on the above transaction. The stop payment shall remain in effect for 1) six months; 2) until written notice is received from the account holder to revoke the stop payment order, whichever occurs first. A stop payment order may be renewed by submitting a new Stop Payment Request Order. I understand that an oral stop payment request will expire in fourteen (14) days unless I sign and return this form. By directing UTELCU to stop payment of this item, I agree to hold UTELCU harmless against any and all loss, claims, damages, and costs, including court costs and attorneys fees that are incurred as a result of UTELCU having acted on this Stop Payment Request.**

**1. Item Description** - I request the Credit Union to stop payment on the share draft or check (either referred to hereinafter as "item"), Electronic Draft/Check Conversion Transaction, or Preauthorized Electronic Fund Transfer described above. I warrant that the above description, including the date or scheduled transfer date, its exact amount, the item number, and the payee are correct. I understand that the EXACT information is necessary for the Credit Union's computer to identify the item, transfer, or conversion transaction. 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. **2. Electronic Draft/Check Conversion Transaction** - I understand that if I authorize the conversion of an item to an electronic transaction that it will be presented for payment electronically through automated clearinghouse (ACH) processes. **Unless the box for Electronic Draft/Check Conversion Transaction located above is marked,** I warrant that the item upon which I am requesting to stop payment is **not** an Electronic Draft/Check Conversion Transaction. I understand that the Credit Union will not stop payment on an item if it is processed as an Electronic Check/Draft Conversion Transaction and I have not indicated that above. **3. Preauthorized Electronic Fund Transfer** - I understand that a request to stop the payment of a Preauthorized Electronic Fund Transfer (EFT) will apply to the transfer scheduled for the amount, Payee and date noted above **unless** the "Y", "Yes" is circled to indicate a recurring EFT. If "Y" is circled, you are stating that you are now revoking your authorization to the originating company (Payee) and you have notified them in the manner specified in the original authorization. This Stop Payment Order shall remain in effect until written notice is received from the account holder to revoke the Stop Payment Order.

If this box is checked, I have asked you to Stop Payment on the Amount rather than the Check Number or EFT Company Name/ID. I understand that you advise against this request and that this will result in the return of any item presented against this account for this dollar amount during the time this Stop Payment Request is in effect.

**I have read the Disclosure and Terms and Conditions above. I agree to these conditions, and hereby authorize UTELCU to proceed with this Stop Payment Request.**

**A \$10.00 fee, as disclosed in UTELCU's Fee Schedule, will be assessed to my UTELCU Share Draft Account for processing this Stop Payment Request.**

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

**INTERNAL USE ONLY** Processed by \_\_\_\_\_ Date: \_\_\_\_\_