



**CARIBE FEDERAL
CREDIT UNION**

195 O'Neill Street San Juan PR, 00918 | 787-474-5151 | caribefederal.com

Stop Payment Request

Member Name	Account #
Debit Date (MM/DD/YY)	Debit Amount
Payee /Company Name	Member Phone #
Check Number (if applicable)	Reason

Type of transaction: **ACH/Electronic Check** **Check**

Select one:

- For check:** I would like the above payment stopped one time. The signed stop payment order will remain in effect for **six month on a check**, or until the stop payment order is withdraw in writing by the member.
- For ACH only:** I would like to **permanently** stop payment on all ACH debits to the Originator (Company) listed above. The stop payment order will remain in effect until stop payment order is withdraw in writing by the member.
- For ACH Business Account:** I would like to stop payment on all ACH debits to the Originator (Company) listed above. The stop payment order will remain in effect for **six month from the date of the stop payment order, unless it is renewed in writing.**

Stop payment Terms and Conditions

I/we, the owner of the account number listed above, instruct Caribe Federal to stop payment on the above transaction. I/we understand that if the stop payment is on check, this stop payment order will expire in six month. If I/we wish to extend the stop payment, I/we understand I/we must renew it in writing. I/we understand that placing a stop payment on an ACH debit does not cancel my authorization with the Originator (Company). I/we understand that, by placing this stop payment request on the transaction listed above that I/we agree to hold Caribe Federal harmless against any and all loss, claims, damages and costs, including court cost and attorney's fees that Caribe Federal may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instruction, or expiration thereof.

Timing of Stop Payment Order

I/we understand a stop payment order must be received by Caribe Federal in time to allow Caribe Federal a reasonable opportunity to act on it prior to acting on the debit entry; for pre-authorized ACH debit transaction, Caribe Federal may require a minimum of three banking days notices prior to the schedule date of the transfer. To be effective, the stop payment order must sufficiently identify. By signing below I/we agree to all terms and conditions, of this Stop Payment Order.

A stop payment order fee would be charge according to Member's Fee Schedule.

A cancelation fee would be charged for cancelling this stop payment order, according to Member's Fee Schedule.

I/we certify that this Stop Payment Order request is true and correct; that I am an authorized signer, or otherwise have authority to act on the account identified in this statement; that the debit transaction was not initiated with fraudulent intent by me or any person acting in concert with me; and that the signature below is my own proper signature.

Date

Member/Authorized Signature

Date

Signature & FSP user code-CFCU Representative

NOTE: Please allow two business days for processing. Payments past 60 days may not be able to be recovered.

For ACH staff use: Processed by: _____ Date _____

Cancellation of Stop Payment Order: Date _____ By _____