STOP PAYMENT REQUEST ORDER
For Checks and ACH Entries

NIKKEI credit union

MABUHAY credit union
A DIVISION OF NIKKEI CREDIT UNION

Account Holder Name: _____

Account Number: _____

Originating Company Name/Payable To: _____

Transaction Amount: $_____   **OR**   ☐ Any amount

Check Serial Number: _____ *(only for check-related debit entries)*

Date of Check: _____ *(only for check-related debit entries)*

Three banking days advance notice prior to the expected transaction date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transaction date, we will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided for a transaction that occurs within the three business day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question.

_____ *(Account Holder initial here.)*

The stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the transaction.

Please indicate your specific choice for stopping payment from the Originating Company/Payable To named above by checking the appropriate box:

☐ I wish to stop all future payments from this Originator indefinitely

☐ I wish to stop the next payment only
(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)

☐ I wish to stop a series of payments
Identify the payment dates, or months, of the specific payments from the Originator you wished stopped:
_____

☐ I wish to stop payment on the draft described above

A fee will be assessed to the account holder as payment for implementing this order:
Fee Assessed: $_____

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers or check as indicated above. The account holder further represents that the debit transactions(s) 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.

The Credit Union will not be liable for payment of the draft contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union's liability shall not in any event, exceed the amount of the draft. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

_____   _____
Signature   Date

For financial institution use only:	*Revised: 03/29/10*
Instructions received by:_____ Date: _____ Time: _____	