

STOP PAYMENT AUTHORIZATION FORM
Pitney Bowes Employees Federal Credit Union

Fax To: 203-351-7440

Account Number: _____

NOTE: ORAL STOP PAYMENTS ARE ONLY BINDING FOR A PERIOD OF 14 DAYS. If you wish to extend the stop payment beyond 14 days, you must sign and return this "Stop Payment Authorization Form".

- Check (Share Draft) (complete Section A)
One time only ACH stop payment (complete section B)
ACH withdrawal (complete Section B)

Processed by (intitals/emp. no.): _____ Date/Time: _____ Fee: _____

Stop Payment Terms: Pitney Bowes Employees Federal Credit Union (PBEFCU) agrees to stop payment on the below-referenced item(s) whereas the account holder (member) agrees to the following conditions: Stop payment requests can only be done by stopping a particular check number (for physical checks) or by company ID (for ACH withdrawals). In order for PBEFCU to obtain a company ID number, that company must have withdrawn from the member's account in the past. Any stop payment order will remain in effect for one year. The member may renew this request after the year has expired by completing a new "Stop Payment Authorization Form". By authorizing PBEFCU to stop payment on the below-requested item(s), the member agrees to hold PBEFCU harmless against any and all loss, claims, costs, or damages, to include court costs and attorney's fees, that may be incurred by reason of not paying the above transaction(s). The "Stop Payment Authorization Form" must be received at such time and in such manner as to afford PBEFCU a reasonable opportunity to act on it prior to any other action being taken on the draft. You agree that in order for us to have a reasonable opportunity to act, we must receive your stop payment request at least three (3) business days before the draft is received or three (3) business days before the ACH is received by us for posting to your account. The term "business day" does not include any Saturday or federal holiday, even though our office may be open. PBEFCU will attempt to satisfy all requests, but will not be held liable if sufficient time was not provided. The member agrees that it is necessary to provide the correct information and that failure to do so may result in payment of the item described below. You (the member) agree to the "Stop Payment" fee listed in our Truth In Savings Account Disclosures.

Section A: Check (Share Draft) Stop Payment

Check Number(s): _____ Check Amount: \$ _____

Payable To: _____

Section B: ACH (Electronic) Withdrawal Stop Payment

Company Name: _____ Amount: \$ _____

Date of Last Transaction: _____ Company ID (provided by PBEFCU): _____

Choose one of the following:

- I authorized the above company to originate one or more ACH entries to debit funds from my account, but on _____, 20____, I revoked that authorization by notifying the company.
I did not authorize in writing or by any other means the above company to originate ACH transactions from my account at PBEFCU.
I authorized the above company to originate one or more ACH entries to debit funds from my account but I want to place a permanent stop for the following reasons: _____

I Certify under penalty of perjury that the information provided is true and correct and that the transaction referenced above was not originated with fraudulent intent.

Member Name (Print): _____ Date: _____

Telephone No: _____

Signature (Required): X _____