



450 Rt. 8 Maite, Guam 96910
 T 671.477.8736
 coast360fcu.com

STOP PAYMENT REQUEST

MEMBER INFORMATION

Member Name _____ Member Number & Share ID _____
 Email Address _____ Contact Number _____

STOP PAYMENT DETAILS

Type of Stop Payment

- | | |
|--|--|
| <input type="checkbox"/> ACH / Electronic Share Draft/Check. Converted Item
<input type="checkbox"/> Stop the next payment only. Future entries are to be paid.
<input type="checkbox"/> Stop ALL future payments permanently. | <input type="checkbox"/> Share Draft/Check |
|--|--|

Check Number(s):	Date	Amount	Payee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STOP PAYMENT TERMS AND CONDITIONS

I acknowledge that Coast360 Federal Credit Union is not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner. I understand that it is necessary to provide the correct information related to the transaction, and that failure to do so may result in the payment of the above item. I agree to hold harmless and indemnify Coast360 for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to furnish any of the information requested above completely and accurately according to the time requirements noted below.

Stop payment requests must be received by Coast360 at least three (3) business days prior to the scheduled preauthorized electronic fund transfer. Verbal stop payment orders will cease to be binding after fourteen (14) calendar days unless written confirmation is provided to Coast360 within that fourteen (14) day period. Completed Stop Payment Request forms may be dropped off at any one of our member centers or mailed to: Coast360 FCU 450 Route 8, Maite, Guam 96910

II ACH affecting Consumer Accounts. This stop payment request shall remain in effect until 1) the withdrawal of the stop payment request by the member, or 2) the return of the debit entry or where a stop payment order applies to more than one debit entry relating to a specific Originator, the return of all such entries.

ACH affecting Business Accounts. The stop payment order is effective for six (6) months unless it is renewed in writing.

III Share Draft/Check items. A stop payment order is effective for six (6) month periods by written request to Coast360 within the period during which the stop payment order is effective. The stop payment request must be provided to Coast360 in such a time and in such a manner as to allow Coast360 reasonable time to act on the request prior to presentment of the item.

A \$ _____ service fee will be assessed for applying the Stop Payment Request.

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS ABOVE.

Member Signature: _____ Date _____

Coast360 Federal Credit Union Internal Purposes Only

- Verbal Request
 Written Request
 Renewal Request (6 months)
 Cancel

Received & Processed by: MSC /CC _____ Teller ID _____ Date _____

Reviewed & Processed by: eServices _____ Teller ID _____ Date _____