

STOP PAYMENT ORDER

INTERFAITH FEDERAL CREDIT UNION (the "Credit Union")

MEMBER NAME:	ACCOUNT NUMBER:
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Instructions

Single Share Draft	Stop payment on the share draft identified below. I understand that I do not have a right to stop payment on a Credit Union official check (cashier's, teller's, or certified check).
Single ACH	Stop payment on the next scheduled electronic payment authorized by me as described below. I understand that this stop payment applies only to the next scheduled payment and the Credit Union cannot guarantee the prevention of a payment that was "stopped" from being resubmitted by the originator and the amount debited from my account.
All ACH	I hereby revoke authorization of all electronic payments authorized by me from the originator indicated below starting with the next scheduled electronic payment. I understand that this authorization revocation applies to each electronic payment from the originator beginning with the next scheduled payment.

Required Information

For Share Drafts	Date of Draft: _____ Draft No.: _____ Amount: \$ _____ Payable to: _____
For ACH	Originator: _____ Date of Next Scheduled Payment: _____ Amount: \$ _____ Frequency: _____

Terms & Conditions

All Stop Payment Orders: I understand that if I do not supply you with complete and accurate details regarding the payment(s) I wish to stop, this Stop Payment Order may not be effective. I agree that you shall not be liable for payment of any debit in the event the information I provide on this form is, in any manner, not complete or accurate. Verbal Stop Payment Orders remain in effect for 14 days unless confirmed in writing. Written Stop Payment Orders remain in effect for six (6) months. I understand that if the same share draft or electronic debit (as applicable) is presented for payment after this Stop Payment Order expires, the item will be honored. I agree to indemnify you against any and all liability, loss, costs, damages, attorneys' fees, and other expenses, including, but not limited to, any amount you are obligated to pay on the item that you may sustain or incur as a consequence of honoring this Stop Payment Order. You will charge me a Stop Payment Fee for each Stop Payment Order I give.

ACH Only: I understand that for ACH Stop Payment Orders to be effective, my Stop Payment Order must be received by you no less than three (3) business days or more before the next scheduled electronic payment is to be made. If my Stop Payment Order is not timely or if you are otherwise compelled to make the scheduled electronic payment, I agree that you shall be entitled to charge my account for the amount paid and such charge shall stand regardless of whether I am entitled to recover from you on account thereof, and my remedy will be to prove and recover only such actual damages that may be suffered by me in connection with your payment of the item. I also understand that this Stop Payment Order does not cancel or change the contract I have with the Originator/Payee. To cancel all future transfers, I understand that I must cancel the contract with the Originator/Payee and terminate my pre-authorized electronic payments by following the procedures outlined in my contract with the Originator/Payee. I must also supply you with a copy of the letter I send to the Originator/Payee to terminate my pre-authorized payment.

I acknowledge receipt of a copy of this Stop Payment Order and accept and agree to the terms hereof.

Member (1) Signature _____ Date _____ Member (2) Signature _____ Date _____

Order to Cancel Stop Payment Order: The above Stop Payment Order is hereby cancelled.

Member (1) Signature _____ Date _____ Member (2) Signature _____ Date _____