



ACH STOP PAYMENT ORDER CANCELLATION

This form is to CANCEL a prior ACH Stop Payment Order placed on account.

Account Number: _____ Name(s) on Account: _____

Phone: _____ Address: _____

Email: _____

Please CANCEL the following stop payment order:

Consumer (Personal) Account:

Corporate (Business) Account:

Permanent Stop Payment One-Time Stop Payment

Stop specific amount: \$ _____

Stop specific amount: \$ _____

Company Name (Payee): _____

Company Name (Payee): _____

Scheduled Date of Debit: _____

Scheduled Date of Debit: _____

1. Item Description. I request GTE Federal Credit Union DBA GTE Financial to cancel the stop payment order on the preauthorized electronic funds transfer ("EFT") or ACH draft ("Item") described above. I warrant that the item description, including the date or scheduled transfer date, its amount, and payee are correct. I understand that correct information on this form is necessary for GTE Financial to identify the item. If I give GTE Financial any incorrect information related to the item, GTE Financial will not be responsible for failing to cancel the stop payment on the item.

2. Stop Payment Cancellation Order. I agree that GTE Financial will not be responsible for canceling the stop payment order unless my Stop Payment Cancellation Order is received by GTE Financial 1) within a reasonable time for GTE Financial to act on my order or similar action, or 2) at least three business days before the scheduled date of the pre-authorized EFT or ACH draft. I understand that my Stop Payment Cancellation Order is conditional and subject to GTE's verification that the item has not already been returned or that some other action to return the item has not been taken. I understand that my Stop Payment Cancellation Order will permanently remove the original Stop Payment Order and supersedes all prior Stop Payment Orders and Cancellations. A new ACH Stop Payment Order must be completed for any future stop payment requests including stop payment of the above item(s) and assessment of applicable fees.

3. Indemnification. I agree to indemnify and hold GTE Financial harmless from all costs, including attorney fees (to the extent permitted by law), damage or claims related to GTE's action in payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to pay the item as a result of incorrect information provided by me.

This form must be signed and returned to GTE Financial for the Stop Payment Cancellation Order to be effective.

Member Signature: _____ Date/Time Requested: _____

Mail completed form to GTE Financial, ATTN: ACH, PO Box 172599, Tampa, FL 33672 or fax to: 813.414.8515.

FOR GTE USE ONLY

Credit Union Signature: _____ Date/Time Received: _____

Printed Employee Name: _____ Employee Ext: _____