



ACH STOP PAYMENT ORDER



\$_____ Service Fee Will Be Charged to Account: _____

Name(s) on Account: _____

Phone: _____ Address: _____

Email: _____

Check all that apply:

- Consumer (Personal) Account*, Corporate (Business) Account**, Permanent Stop Payment, One-Time Stop Payment, One-time Stop Payment, Six Month Stop Payment

Stop specific amount: \$_____

Company Name (Payee): _____

Scheduled Date of Debit: _____

- 1. Item Description. I request that GTE Federal Credit Union DBA GTE Financial stop payment 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 to identify the item. If I give GTE any incorrect information related to the item, GTE will not be responsible for failing to stop payment on the item.
2. Stop Payment Order. I agree that GTE Financial will not be responsible for stopping payment unless my Stop Payment Order is received by GTE 1) within a reasonable time for GTE to act on my order prior to final payment 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 Order is conditional and subject to GTE's verification that the item has not already been paid or that some other action to pay the item has not been taken. I understand that my Stop Payment Order will be effective as follows:
* Consumer Stop Payment: A written Stop Payment Order will be effective until one of the follow occurs, whichever occurs first: 1) The stop payment order is withdrawn or cancelled in writing, or 2) All debits related to the stop payment order have been stopped.
**Corporate Stop Payment: A written Stop Payment Order will be effective until one of the follow occurs, whichever occurs first: 1) The stop payment order is withdrawn or cancelled in writing or 2) The six (6) month stop payment order period expires.
I also agree to notify GTE promptly upon the issuance of any duplicate item which replaces the item subject to this order or upon return of the original item. I agree to pay GTE a stop payment fee for each request as set forth above.
3. Indemnification. I agree to indemnify and hold GTE harmless from all costs, including attorney fees (to the extent permitted by law), damage or claims related to GTE's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me.
4. GTE Financial Bill Pay Service. I understand this stop payment order may also affect any bill payment transaction(s) I initiate through GTE's Bill Payment Service.

This form must be signed and returned to GTE Financial for the Stop Payment Order to be effective. A stop payment fee may be charged to your account (see Schedule of Current Charges for amount). TO CANCEL THIS STOP PAYMENT YOU MUST CONTACT GTE FOR A CANCELLATION FORM, WHICH REQUIRES YOUR SIGNATURE.

Member Signature: _____ Date/Time Requested: _____

Fax completed form to 813.414.8515, Attn: ACH.

FOR GTE USE ONLY

Printed Employee Name: _____ Employee Ext: _____
Employee Signature: _____ Date: _____