

# Stop Payment Request



**Kamehameha**  
Federal Credit Union

1620 North School St., Ste 116  
Honolulu, HI 96817  
Phone: 808-842-9660 Fax: 808-842-6499  
[www.kamehamehafcu.org](http://www.kamehamehafcu.org)

<input type="checkbox"/> <b>Draft</b>		<input type="checkbox"/> <b>ACH</b>		There is a \$25 stop payment fee for each item stopped. Separate form is to be filled out for more than one item.	
Draft (Check) #: _____		<input type="checkbox"/> <b>Permanent Stop</b>		<b>KFCU</b> MSR initials _____	
		<input type="checkbox"/> <b>Single Item Stop*</b>		<b>Use Only:</b> Date placed by MSR ___/___/___      Time: _____ AM/PM	
Member Account Number: _____		Amount of Draft/ACH: \$ _____		Payable to: _____	
				Date of Draft or expected ACH debit: _____	
Account Owners: _____ _____				Request Verification/Renewal: Written Request (Expires after 6 months) Oral Request (Expires after 14 days) Renewal Request (Expires after 6 months)	
Contact Phone Number: _____					
<p>By signing this stop payment request you are authorizing Kamehameha Federal Credit Union to stop a written draft or an ACH debit on your account. You understand that if an item is presented and does not match <b>exactly</b> to the information you provided on this form that the item may be paid or returned according to the credit union's policies and procedures. You also understand that the credit union will not be responsible for stopping payment unless your request is received by the credit union within a reasonable time for the credit union to act on your order prior to a final payment or similar action; or at least three business days before the scheduled date of the ACH. The credit union's liability shall not, in any event, exceed the amount of the draft or ACH debit. You agree to reimburse the credit union for any loss it sustains in honoring this request. If you wish to cancel this request it must be in writing. Understand that certain ACH items are not allowed to have stop payments placed. The credit union will not be liable if a stop payment for an ACH item which is later determined to be a force paid item. For drafts, the stops are searched by draft number and amount. For ACH items, the stops are searched by amount and/or payee (only if the same item has been paid previously).</p> <p>*The request for ACH Single Item Stop will expire after 30 days.</p>					
I request Kamehameha Federal Credit Union to stop payment on the above item. All the information provided is accurate. I have read and agree to the terms and conditions of this request. <b>If the item is presented in a different method than I have indicated, the item may still be paid with no liability to the credit union.</b> I understand that if I DO NOT sign this form and return it within 14 days; my stop payment request will expire on the 14 <sup>th</sup> day of request. I will not be refunded any fees and I will not hold the credit union liable for payment of this item. If I still want the item stopped I will need to complete a new request, and an additional service fee will be assessed to my account.					
Signed _____				Date _____	