



2027 E. Monument St. Baltimore, MD 21205
Phone: 410-534-4500

DRAFT

☐ 6 Month Stop

ACH

☐ Permanent Stop
☐ Single Stop

STOP PAYMENT FORM

Member Account Number:

Draft (Check):

There is a \$29.00 charge for each item stopped.
A separate form will need to be completed for each item.

Exact Amount of Draft/ACH:

\$ _____

Date of Draft **OR** Expected Date of
ACH debit (mm/dd/yyyy):

Payable to: _____

Reason for stop payment:

Member Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (day time): _____

ONE MUST BE CHECKED TO PLACE STOP

- ☐ Member wrote a physical paper check
- ☐ Member authorized a debit to their checking account thru the internet or directly to the merchant.
- ☐ Member authorized a debit to their savings account thru the internet or directly to the merchant.
- ☐ Member gave merchant a physical check to scan and signed a terms agreement.
- ☐ Member gave authorization over the phone to debit their account using a check number specified by member.
- ☐ Other: _____

You are requesting Johns Hopkins Federal Credit Union to stop a written draft or an ACH debit on your account. If an item is presented and does not **exactly** match the information you provide on this form it may be paid or returned according to JHFCU policies and procedures. 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 received in writing. 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).

I hereby request Johns Hopkins 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. **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.** I understand if I DO NOT sign and return this form within 14 calendar days, my stop payment may expire on the 14th 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 may need to complete a new request, and an additional service fee may be accessed to my account.

Signature: _____

Date: _____