

STOP PAYMENT ORDER

The Undersigned is the drawer of the item described below and requests iTHINK Financial Credit Union to Stop Payment on the ACH or Check transaction as described. Failure to provide the exact information for the Account Number, ACH or Check Dollar Amount, Check Number, Date Check Written, ACH or Check Payee and the Reason for the Stop Payment will result in iTHINK Financial Electronic Processing Department's inability to honor the Stop Payment Order, and if such occurs, iTHINK Financial will not be responsible for failing to honor this Stop Payment Order. It is further understood that iTHINK Financial assumes no liability for any actions taken regarding the payment or non-payment of the ACH or Check transaction mentioned in the Stop Payment Order.

Member Name: _____ Reward Level: _____ Fee: \$ _____

Member Number: _____ Account Type: _____ Email: _____

Home: _____ Work: _____ Cell: _____ Fax: _____

Stop Payment Type: ACH Transaction Personal Check Business Check | Fax to 561.982.4776

Stop Payment Type: Official Check* | Fax to 561.226.5415 | Refer to "Terms and Conditions" section 4 for instructions.

ACH Sending Institution: _____ ACH Item Amount: \$ _____

If the ACH amount is not provided, all debit entries from this ACH Sending Institution will be stopped until you revoke this Stop Payment Order.

Check Number: _____ Date Check Written: _____ Check Amount: \$ _____

Check Payee: _____

Stop Payment Reason: _____

Lost/Stolen Blank Checks Range from Check Number: _____ to Check Number: _____

Member Signature: _____ Date: _____

TERMS AND CONDITIONS OF STOP PAYMENT ORDER

1. A **Verbal Stop Payment Order** will automatically terminate fourteen (14) calendar days from the date of the order unless written confirmation is received within that period.
2. An **ACH Stop Payment Order** is for this ACH transaction, and all future transactions from this ACH sending institution, unless you list a specific dollar amount. This ACH Stop Payment Order will remain in effect until you withdraw this ACH Stop Payment Order. Please contact the Credit Union if an ACH item clears; in most cases a posted ACH transaction can be returned according to ACH Rules.
3. **Non-Consumer Business Account ACH Stop Payment Order** to business debits will be in effect for six (6) months unless renewed in writing.
4. ***Special Guaranteed Funds rules apply to Official Check Stop Payment Orders.** The only accepted reasons for a Stop Payment Order to be placed on an Official Check are for Official Checks considered lost if uncleared after 90 days from the date of issue, in which case a Stop Payment Order will be processed and another Official Check will be reissued with the information provided from the original; or for Official Checks that were unused for the purpose intended, in which case a Stop Payment Order will be processed and the monies refunded to the purchasers account. (FL UCC 673.3121 & 673.4111) Official Check Stop Payments must be processed in writing on a signed Stop Payment Order. Verbal stop payments will not be accepted on Official Checks. Mail your Stop Payment Order to Member Service at the address below or fax the form to 561.226.5415.
5. A **Stop Payment Fee** will be deducted from your account at the time that the Stop Payment Order is processed. Please refer to a current Fee Schedule or Rewards chart for the applicable fee.
6. **iTHINK Financial's Indemnity Agreement** for Stop Payment Orders placed verbally, in writing or via Online Banking, the account holder hereby agrees to repay iTHINK Financial for any cost and expenses the Credit Union may have as a result of honoring this Stop Payment Order, including attorney fees and expenses, through refusing payment of the ACH or Check Transaction described in the Stop Payment Order. Additional limitations on the Credit Union's obligation to Stop Payments are provided by law (e.g., we paid the item in cash or we certified the item). (FL UCC 674.403 & 673.3011 - Holder in Due Course)
7. **Expiration and Renewal for Checks** - Unless cancelled or renewed in writing, this order will be in effect for six (6) months and will thereafter automatically expire. Should the Stop Payment Order expire and the item is subsequently presented, you release the Credit Union from any and all liability, claims and damages resulting from the Credit Union honoring or paying the item.
8. **Cancellation** of a Stop Payment Order must be in writing.
9. **Notice to Other Depositors**, it is not necessary of iTHINK Financial to notify any Joint Signers on this account of this Stop Payment Order.
10. Signed and completed **Stop Payment Order Forms** for ACH Transactions, and Personal and Business Checks may be sent to iTHINK Financial, Attention: Electronic Processing, by fax to 561.982.4776, by secure email eprocess@ithinkfi.org to mailing address below. For more information, please refer to a current membership or Business Disclosure and Fee Schedule available on our website at ithinkfi.org or contact a Member Service Advisor at 800.873.5100 or serviceplus@ithinkfi.org.

P.O. Box 5090 | Boca Raton, FL 33431 | 800.873.5100
ithinkfi.org | serviceplus@ithinkfi.org



FOR CREDIT UNION USE ONLY

Date & Time Received _____ By Op # _____ Reward Level _____ Fee \$ _____ In Person Phone Email Fax Online
 14 Day Verbal Order OR Signed Original Form Loaded Date _____ by Op # _____ Verified by Op # _____ Expiration Date _____
 Initiate CRM "Account Maintenance/Stop Payment" Service Request # _____, update, then "Save" and "Exit" to send to Electronic Processing.
 Signed Written Order loaded by Op # _____ Date _____ Verified by Op # _____ Date _____
 Expired Order Reloaded by Op # _____ Date _____ Verified by Op # _____ Date _____
 Fax Official Check Stop Payments to 561.982.8737 - Accounting Verifying Op # _____ Date _____ Fee Charged by Op # _____ Date _____