Stop Payment Request

507-457-3798 www.hometowncu.coop

Business Account Member

Item Number	Date of Item	Amount	Payable To	Member Number
	8/20/2025	300.00	Home Depot	114087

Business Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Home Town Federal Credit Union, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). A verbal stop pay order for business payment(s) is only good for 14 days. When confirmed in writing, the stop payment order shall remain in effect until the earliest of, 1) the withdrawal of the stop payment order by the account holder; 2) the return of the debit entry; or 3) six (6) months from the date of this stop payment order request.

I hereby request the following type of stop payment on my business account:

☐ **Single ACH Entry Stop Payment** ☑ **Recurring ACH Stop Payment (effective for six months only)**

Check Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Home Town Federal Credit Union, hereinafter called "The Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect for six (6) months.

I hereby request the following type of stop payment on my business account:

☐ **Check Stop payment**

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed $30.00

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment order request must be received at least three (3) Business Days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I further state that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

8/22/2025		Tracy Zimmerman
Date	*Account Holder Signature*	*Print Name*

I hereby declare that I wish to revoke this stop payment order effective _____ _____

Date *Signature*

FOR FINANCIAL INSTITUTION USE

Verbal Stop Payment Request Accepted on _____ by _____

Signed Stop Payment Request Accepted on _____ by _____

Stop Payment Order Withdrawal Received on _____ by _____

Note Loaded _____ Initials _____