



STOP PAYMENT REQUEST ORDER

P O Box 2600
Little Rock, AR 72203
Phone: 501-374-2031
Fax: 501-374-2041

Today's Date _____ Time _____ a.m./p.m. Contact phone number _____

Member Name _____ Member Number _____

Reason for stop payment request _____

Please select only one option:

Stop Payment for Personal Check(s)

The undersigned account holder hereby instructs Southern Gas Federal Credit Union to stop payment on the following transaction: (The stop payment shall remain in effect for six (6) months.)

For individual check:

Check number _____ Transaction amount \$ _____ Date of check _____ Payable to _____

For multiple checks in a series:

Check numbers _____

Stop Payment for a Credit Union Check. (Check written by Southern Gas Federal Credit Union)

The undersigned account holder hereby instructs Southern Gas Federal Credit Union to stop payment on the following transaction: (The stop payment shall remain in effect for six (6) months.)

Check number _____ Transaction amount \$ _____ Date of check _____ Payable to _____

Stop ACH Payment

The undersigned account holder hereby instructs Southern Gas Federal Credit Union to stop payment on the following transaction: (The stop payment shall remain in effect until written noticed is received to revoke the stop payment order.)

Expected clearing date for ACH _____ Payable to _____

Stop Payment for Recurring ACH Entries

The undersigned account holder hereby instructs Southern Gas Federal Credit Union to stop payment on the following transaction: (The stop payment shall remain in effect until written noticed is received to revoke the stop payment order.)

I authorized _____ (company name) to originate one or more ACH entries to debit funds from my accounts, but on _____ (date) I revoked this authorization by notifying them in the manner specified in the authorization.

I am requesting that you stop payment on the item described and checked above. I understand that the verbal Stop Payment Request will expire in fourteen (14) days unless I sign and return the form. By directing Southern Gas Federal Credit Union to stop payment of this item, I agree to hold Southern Gas Federal Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney fees that are incurred as a result of Southern Gas Federal Credit Union having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request must be received in time to give Southern Gas Federal Credit Union reasonable time to act on it. If I am requesting that you stop payment on an ACH debit, I understand this request must be received no less than three (3) business days prior to the expected date.

I understand, if applicable, a fee, as disclosed in my fee schedule, will be assessed to my Southern Gas Federal Credit Union account for processing this Stop Payment Request.

Member Signature: _____ Date: _____