

**HAWAIIAN FINANCIAL FEDERAL CREDIT UNION  
ACH STOP PAYMENT REQUEST**

1. Stop Payment. This Request is to stop payment on Automated Clearing House ("ACH") transactions on my Hawaiian Financial Federal Credit Union ("HIFICU") account from the specified Originator as follows:

Member Name: \_\_\_\_\_

HIFICU Account Number: \_\_\_\_\_ ACH Source Number: \_\_\_\_\_

Originating Company Name ("Originator"): \_\_\_\_\_

Transaction Amount: \$ \_\_\_\_\_ **ONLY** or  **ANY & ALL** amounts from the Originator.

2. Notice. FOR PRE-AUTHORIZED ENTRIES: **Three business days'** advance notice prior to the expected withdrawal date is required to implement the stop payment request. If the stop payment order is received within three business days of the expected withdrawal date, HIFICU will attempt to satisfy the stop payment request, but HIFICU will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day period. FOR ALL NON-RECURRING, SINGLE ACH PAYMENTS: The stop payment request must be provided in a timeframe that allows reasonable opportunity for HIFICU to honor the request prior to the ACH entry being received. FOR ALL REQUESTS: HIFICU will not be able to process this request if I do not provide accurate information. I will be responsible for any mistakes resulting from misinformation. It is my responsibility to communicate with the Originator.

3. Duration and Fee. I would like the following to be done. A fee of \$20.00 will be assessed to my account.

- I wish to stop **ALL future payments** from this Originator indefinitely. I will contact HIFICU when I wish to cancel this stop payment order.
- I wish to stop one payment only. The payment I wish to stop is scheduled to be withdrawn on \_\_\_\_\_, 20\_\_\_\_(date). I authorize HIFICU to **remove** the stop payment one week prior to the next scheduled payment date. The next scheduled payment date is \_\_\_\_\_, 20\_\_\_\_(date).
- I wish to stop a series of payments. Please stop all payments scheduled to be withdrawn starting on \_\_\_\_\_, 20\_\_\_\_(date) through \_\_\_\_\_, 20\_\_\_\_(date). I authorize HIFICU to **remove** the stop payment on the day after the ending date indicated.

4. Erroneous Payment. If HIFICU erroneously processes a fraudulent payment to the Originator, I will file a report with the law enforcement authorities, and will cooperate with all investigations by law enforcement authorities, HIFICU, its examiners, agents, and representatives. I authorize HIFICU to release all information it deems relevant to such persons. No transaction was initiated with fraudulent intent by me or anyone acting in concert with me. If requested by HIFICU, I and everyone authorized to make transactions on the Account will assign to HIFICU all rights that we have against the Originator with respect to the payments, will do whatever is necessary to enable HIFICU to exercise its rights, will cooperate with HIFICU, and will not prejudice HIFICU's rights.

5. INDEMNIFICATION. SUBJECT TO APPLICABLE LAW, I HEREBY AGREE TO INDEMNIFY AND HOLD HIFICU HARMLESS FROM ANY AND ALL CLAIMS AND LIABILITY ARISING UNDER OR IN CONNECTION WITH THIS REQUEST AND ANY ACTION HIFICU TAKES AS A RESULT, INCLUDING WITHOUT LIMITATION ANY AND ALL CLAIMS, LIABILITIES, LOSSES, DAMAGES, JUDGMENTS, COSTS, CHARGES, CONSEQUENTIAL DAMAGES, PUNITIVE DAMAGES, FINES, PENALTIES, ATTORNEY'S FEES, AND ANY AND ALL OTHER CLAIMS AND EXPENSES WHATSOEVER.

6. Reservation of Rights by HIFICU. I understand and agree that HIFICU reserves all rights. No actions by HIFICU shall be deemed a waiver of any rights HIFICU may have against me or others unless expressly identified as a waiver in writing signed by an authorized official of HIFICU.

7. Affirmation. I am an authorized signer, or otherwise have authority to act, on the Account identified above. I attest that the information provided on this statement is true and correct.

DATE: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

**For Credit Union Use Only**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_