



### ACH Stop Payment Request

Member/Business Name: \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount: \_\_\_\_\_ OR  Any Amount

Merchant/Company Name: \_\_\_\_\_ Source No.: \_\_\_\_\_

For pre-authorized entries, three (3) business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within the three (3) business days of the expected transfer date, we will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three (3) business day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question. \_\_\_\_ **Member initials**

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

**Please indicate your specific choice for stopping payment from the Originating Merchant/Company named above by checking the appropriate box:**

I wish to stop all future payments from this Originator indefinitely

I wish to stop the next payment only

*(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)*

I wish to stop a **series** of payments

**\* Identify the payment dates, or months, of the specific payments from the Originator you wish stopped:**

Payment dates \_\_\_\_\_

Payment months \_\_\_\_\_

**A fee will be assessed to the account holder as payment for implementing this order:**

Fee Assessed: \$ \_\_\_\_\_ **Note: Do not process fee.** The member's account will be debited at the time the ACH Stop Payment is set up. If waiving fee, leave blank and complete reason below.

This form acknowledges the account holder's request to stop payment on a pre-authorized electronic funds transfer(s) as indicated above. The account holder further represents that the debit transaction(s) described above 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. By signing this Ach Stop Payment Request, I acknowledge if I provided the incorrect information above I hold the Credit Union harmless for failing to stop the payment from debiting my account.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**Immediately scan the completed form to ESS for further Processing**

FOR CREDIT UNION USE ONLY			
Fee Waived <input type="checkbox"/> Reason: _____			
Received by: <input type="checkbox"/> Written Request <input type="checkbox"/> Verbal Request		Completed by (Initials & Tlr#): _____	Date: _____
Programmed by (Initials & Tlr#): _____	Date: _____	Audited by (Initials & Tlr#): _____	Date: _____