



ACH STOP PAYMENT ORDER

| |
|--|
| |
|--|

In Person By Phone

| MEMBER or CUSTOMER INFORMATION: | |
|---------------------------------|--|
|---------------------------------|--|

| | |
|-------------|----------------|
| Member Name | Daytime Phone# |
|-------------|----------------|

| | |
|----------------|--|
| Account Number | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
|----------------|--|

| STOP PAYMENT INFORMATION | |
|--------------------------|--|
|--------------------------|--|

| | |
|--|---------------|
| ACH Originator (company Name) <small>(Last name used by company to debit account)</small> | Date of Debit |
|--|---------------|

| | |
|--|---|
| Transaction Amount \$ OR <input type="checkbox"/> Any amount | check one: <input type="checkbox"/> This is a one-time revocation (ex. This month only) <input type="checkbox"/> This is a permanent revocation. (All entries) <input type="checkbox"/> Only this amount to be stopped. (accept all other items from this company) |
|--|---|

The above party giving this order was informed of and agrees to the following conditions:

- 1 Properly signed stop payment orders are effective after the date accepted. A stop payment order will remain in effect until a signed ACH Stop Payment Cancellation form is submitted.
- 2 The credit union shall be bound only to exercise good faith and ordinary care in the observation of this order.
- 3 Credit Union is authorized to charge and the party ordering the stop payment agrees to pay the ACH stop payment fee disclosed in our fee schedule.
- 4 The party giving this order agrees to hold the credit union harmless and indemnify it for all costs, expenses, or damages it may incur or suffer by refusing payment of the above described ACH debit item.
- 5 Three Business days advance notice prior to the expected transfer date of the debit entry is requested to implement the stop payment request. If the stop payment order is received within three 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 3 business day period.

| | |
|------------------|------|
| Member Signature | Date |
|------------------|------|

| Credit Union Use Only | |
|-----------------------|--|
|-----------------------|--|

| | |
|---------------|---------------|
| Date Received | Employee Name |
|---------------|---------------|

| |
|-----------------------------|
| Date Stop Payment Processed |
|-----------------------------|