



# ACH Stop Payment Request

Account Holder Name:

Account Number:

Originating Company Name:

\$

Or



Any Amount

Transaction Amount:

Check Serial Number:

\*\*only for check related debit entries\*\*

For pre-authorized entries, three 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 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 the three 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.

\_\_\_\_\_ Member Initials

**Please indicate your specific choice for stopping payment form the Originating Company named above by checking the appropriate choice:**

- I wish to stop all future payments from the 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)*

Start the Stop payment on \_\_\_\_\_ and expire the stop on \_\_\_\_\_.

- I wish to stop a series of payments  
*Identify the payment dates of the specific payments from the Originator you wish to stop.*

Start the Stop payment on \_\_\_\_\_ and expire the stop on \_\_\_\_\_.

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

Fee Assessed: \$ \_\_\_\_\_

This form acknowledges that account holder's request to stop payment on a pre-authorized electronic funds transfer 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.

Member Signature:

Date:

For Credit Union use only:

FSR # and Initials: \_\_\_\_\_

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