



ACH stop payment request

| Account Owner & Transaction Information | | |
|---|------------|---|
| Last Name | First Name | Account Number |
| Originating Company Name | | Check Serial Number (for check related debit entries) |

| Stop Payment Options |
|---|
| <input type="checkbox"/> I wish to stop the next payment ONLY in the amount of \$ <i>Future entries from this originator are to be paid, unless I provide additional stop orders</i> |
| <input type="checkbox"/> I wish to stop any amount from the Originating Company Name, indefinitely <i>All transactions will be rejected for exact match only</i> |
| <input type="checkbox"/> I wish to stop a series of payments <i>Identify the payment dates or months of specific payment from the originator you wish stopped</i> |

| Acknowledgements & Signatures | | |
|--|-----------|------|
| <p>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.</p> <p>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.</p> <p>A fee will be assessed to the account holder as payment for implementing this order. Please see current fee schedule for details.</p> <p>This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers 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</p> | | |
| <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> </table> | Signature | Date |
| Signature | Date | |

| Credit Union Use Only | | |
|-----------------------|------|------|
| Received By | Date | Time |