



## ACH STOP PAYMENT FORM

ACCOUNT NUMBER \_\_\_\_\_ STOP PAYMENT TO BE \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ORIGINATING COMPANY NAME \_\_\_\_\_

CHECK NUMBER (If check converted to ACH) \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_ ANTICIPATED POSTING DATE \_\_\_\_\_

AMOUNT OF STOP PAYMENT \_\_\_\_\_ (Type ALL for all amounts.)

STOP PAYMENT FEE \$ \_\_\_\_\_ (Fee is non-refundable.)

**Stop Single Entry:** The stop payment order will remain in effect until (1) one payment of the debit entry has been stopped, or (2) until you provide written notice to release the stop payment order. Notify the Originator that a stop payment was placed on a single entry and direct them to continue the recurring payments.

**Revocation of Authority:** The stop payment is requested to stop **ALL** future transactions. The stop payment order will remain in effect until (1) such payments have been stopped or (2) until you provide written notice to release the stop payment order. I understand that the financial institution may require confirmation that I have revoked authorization with the Originator, and if I do not provide it within 14 days, the stop payment order will cease to be binding and subsequent payments will be allowed to post.

I understand a stop payment order must be received three banking days before the scheduled date of ACH entry to allow the institution a reasonable opportunity to act on it prior to acting on the debit entry. To be effective, the stop payment order must also sufficiently identify the payment. I understand that the Credit Union cannot identify and therefore attempt to stop an ACH payment if the originating company name is different from the name shown above. If the order is accepted orally, a written confirmation is required; the written confirmation must be received within fourteen (14) days of the oral order. If the Credit Union does not receive it, the stop payment will cease to exist. I understand that if I authorize another payment to this company for any amount, I must advise the financial institution to prevent return of the newly authorized entry. The financial institution is not responsible for posting or return errors caused by insufficient or inaccurate information.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Credit Union Use Only		
Date Received:	Teller Name:	Teller Number:
Accounting Use Only		
Date Returned:	Stop Payment Released:	Teller Number: