



ACH Stop Payment

A \$25 fee will be charged for this stop payment request. All information below must be completed in order for an account closure to be processed.

YOUR INFORMATION

Your Full Name _____
First Middle Last

Account # _____ Phone Number _____

ACH INFORMATION

Operating Company Name: _____

Date Transaction Last Posted to Share: _____

Date of Next Scheduled Transaction: _____

Exact Amount: \$ _____

Reason for Stop Payment: _____

SIGNATURE

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 you order us to stop your pre-authorized payments three(3) business days or more before the transaction is scheduled and we do not do so, we will be liable for your losses or damages, to the extent provided by law. We 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.

The stop payment order will apply only to that particular payment. To terminate the entire pre-authorized payment arrangement with the payee, you must contact the payee. You can also notify us that the pre-authorized payment arrangement has been terminated. We may ask for a copy of the termination notice which you must provide to us within 14 days of our request. If you choose to close your account(s) you are responsible for stopping all pre-authorized payments.

This form acknowledges the account holder's request to place a stop payment on the 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 account holder or any person acting in concert with account holder, and that the signature below is account holder's own proper signature.

Member's Signature

Date

*****FOR CREDIT UNION USE ONLY*****

Employee Initials: _____

Fee Posted: Y / N

Payment Stop Date: _____