



ACH Stop Payment Form

\$32.00 FEE

Please complete this form to place an ACH Stop Payment on the previously authorized electronic funds transfer shown below. This stop payment must be made no later than three (3) business days prior to the next incoming debit from this company. Completing this form will not re-credit funds to your account but will cause a stop payment to be placed on a future debit from this company. FFCU must receive this signed, completed form for a stop payment to be placed. A **\$32.00 fee** (per ACH stop payment request – one form per request) will be charged to your account listed below and must be collected prior to the stop being placed. This stop payment order will remain in effect until the earlier of (1) the withdrawal of the stop payment order by you, or (2) the Return of the Debit Entry, or, where a stop payment order is applied to more than one Debit Entry under a specific authorization involving a specific Originator, the Return of all such Debit Entries.

New Stop Payment Order

Cancel Existing Stop Payment Order

Member Name _____ Daytime Phone _____

Member # _____ ACH Debit is being deducted from: Checking Savings

Company Name _____

Description of ACH Debit _____

Amount of ACH Debit \$ _____ Date this item was last deducted from account _____

Select One

- Please place a Permanent Stop Payment on any future ACH amounts from this company name and description.
- Please place a Permanent Stop Payment on the exact amount of this debit from this company name and description.
- Please place a One-Time Stop Payment on the ACH Debit amount below from this company name and description.

➤ The exact amount of the ACH Debit \$ _____

➤ Date for One-Time Stop Payment to expire _____

I understand that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. I understand that this stop payment does not cancel or change the contract I have with the originating company. To cancel that contract and terminate my pre-authorization debit, I must follow the specifications outlined in the contract I completed with this company. By directing FFCU to stop payment on this item, I agree to hold FFCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that FFCU may suffer or incur by reason of a Stop Payment of the above transactions if presented prior to withdrawal of these instructions or expirations thereof.

I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own signature. If requested by the Originating Depository Financial Institution (ODFI), I agree that a copy of this statement may be provided. I assert that I am an authorized signer and/or have the authority to act on the account.

Member Signature _____ **Date** _____

For Credit Union Use

Representative Name _____ **Department/Branch** _____

For Operations Use

Member # _____ **If applicable, ACU Debit Amount \$** _____ **Date last debit posted to account** ____/____/____

Company Name: _____ **Company Description:** _____

Company ID for ACH Item _____ **ACH Ind. Name** _____ **Standard Entry Class Code** _____

Cancel Stop Yes No

Date Stop/Deletion Processed in CUnify: ____/____/____ **Operations Employee:** _____