ACH Stop Payment Request

Account Holder Name: _____

Account Number: _____

Originating Company Name: _____

Transaction Amount: _____ or ☐ Any amount

Check Serial Number: _____ (only check-related debit entries)

For pre-authorized entries, three day advance notice prior to expected transfer date of 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 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. This stop payment request is permanent until written authorization is received from you, an account holder, releasing the stop payment request.

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.

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

Personal Accounts

☐ I wish to stop all future payments from this originator indefinitely.

☐ I wish to stop one or more payments. Reinstate date _____

Business Accounts

☐ Stop payment orders are valid for six months from the date of the request.

A $35.00 fee will be assessed to the account holder as payment for implementing this order.

This form acknowledges the account holder's request to stop a payment on pre-authorized electronic 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

_____ _____

Signature Date

For Credit Union Use

Received On: _____ Processed By: _____ On: _____

Company ID# _ _ _ _ _ _ _ _ _ _ Company Name _____