



ACH STOP PAYMENT ORDER

REQUEST ACCEPTED:

Date	
Time	
Employee Name	

REQUEST RECEIVED:

<input type="checkbox"/>	In Person	<input type="checkbox"/>	By Phone
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(mark one box)

MEMBER or CUSTOMER INFORMATION:

Name	
Account Number	
Suffix	
Daytime Phone #	

STOP ITEM INFORMATION:

Date of Debit	
ACH Originator (Company Name) <small>(last name used by Company to debit account)</small>	
Exact Amount of Debit <small>(last amount of debit from account)</small>	
Reason for Stop Payment	

The above party giving this order was informed of and agree to the following conditions:

- 1 Properly signed stop payment orders are effective after the date accepted. A stop payment order will remain in effect until you sign an ACH Reinstatement Stop Payment Item form with the credit union.
- 2 The credit union shall be bound only to exercise good faith and ordinary care in the observation of this order.
- 3 Credit Union is authorized to charge and the party ordering the stop payment agrees to pay the ACH stop payment fee disclosed in our fee schedule.
- 4 The party giving this order agrees to hold the credit union harmless and indemnify it for all costs, expenses, or damages it may incur or suffer by refusing payment of the above described ACH debit item.

Signature

Date

Credit Union Employee

Date