



ACH Stop Payment Agreement

Stop payment fee \$15

Member Name: _____

Member Account #: _____

Member Phone #: _____ Email Address _____

Amount: _____ Payment Date _____

Company Name: _____

_____ Stop this payment from _____ to _____

*Stop Payments are valid up to 6 months from signature date

By submitting this form I request the Credit Union to stop payment on the electronic funds transfer shown above. I agree to hold the Credit Union harmless from any and all claims, damages, loss, liability or expense arising from the Credit Union acting on this request. I also understand and agree that if this request is not submitted to the Credit Union **at least three business days before the scheduled payment date**, the Credit Union will have no liability to me if the payment is made notwithstanding this request. Any effort by the Credit Union to act upon a stop payment request submitted fewer than three business days before the scheduled payment date is made as an accommodation only and is not guaranteed. Further, the Credit Union will have no liability to me for the failing to stop my payment if I do not provide complete and accurate information on this request even if I submit the request in a timely manner.

***Note:** The Credit Union require all stop payment request be in writing*

An ACH Stop payment request is valid only for the current scheduled payment and will remain in effect for six months

This stop payment will remain in effect until the withdrawal of the stop payment order in writing by the member, or the return of the debit entry, or when the stop payment applies to more than one debit entry, until the return of all such debit entries, whichever occurs earliest.

Member Signature

Date

Advantage Financial Use Only

Completed By: _____ Date: _____

Fee Charged: _____ Waving of Fee Approved by: _____

Forward completed form to the EFT Coordinator