

## ACH STOP PAYMENT REQUEST ORDER

Today's Date/Time: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Member Name: \_\_\_\_\_  
Transaction Amount: \_\_\_\_\_ Payable To: \_\_\_\_\_  
Expected Clearing Date: \_\_\_\_\_ Request Taken By/Location: \_\_\_\_\_

**Terms and Conditions:** On the terms hereinafter set out, the undersigned account holder hereby instructs Century Federal Credit Union, hereinafter called "the credit union" to stop payment on the above transaction(s). The request to stop payment will remain in effect for 14 calendar days from the date of this request. If the verbal request to stop is not confirmed with a written signature below, the order automatically expires on the fourteenth calendar day.

☐ **ACH Stop Payment/One-Time Request**

The stop payment order shall remain in effect until the earlier of:

- (1) Written notice being received from the account holder to revoke the stop payment order; or
- (2) The item is presented and returned as payment stop (code an R08.); or
- (3) One year from the date of this request without further notice to the account holder unless the request is renewed in writing.

☐ **ACH Stop Payment for Recurring (Recurring PPD, TEL, WEB, or IAT ONLY)**

The account holder authorized \_\_\_\_\_ (company name), hereinafter called "the Company", to originate one or more ACH entries to debit funds from the above account, but;

- (A) On \_\_\_\_\_ (date), the account holder revoked that authorization by notifying the Company in the manner specified in the authorization; or
- (B) The account holder will be notifying the Company on \_\_\_\_\_ (date) in the manner specified in the authorization.

This stop payment order shall remain in effect until the earlier of:

- (1) Written notice being received from the account holder to revoke the stop payment order; or
- (2) The return of all debit entries; or
- (3) One year from the date of this request without further notice to the account holder unless the request is renewed in writing.

**The account holder agrees to provide the Credit Union with written confirmation of the revocation with the Company within 14 calendar days from the date of this request. If the Credit Union does not receive the required written confirmation, the stop payment order will cease to be binding and subsequent debits to the above account will be honored.**

☐ **Cancel Stop Payment Request** On the terms hereinafter set out, the undersigned account holder hereby instructs Century Federal Credit Union to cancel the stop payment request that was made on \_\_\_\_\_ (date).

A fee of \_\_\_\_\_ (fee assessed) will be assessed to the account listed above as payment for implementing this request regardless of whether a written signature is received.

By directing the Century Federal Credit Union to stop payment on the above transaction(s), the account holder agrees to hold the Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Credit Union may suffer or incur by reasons of non-payment of the above transaction if present prior to withdrawal of these instructions or expiration thereof. The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in the time to give the Credit Union reasonable time to act upon it. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify the Credit Union for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I further state that I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Date Signed: \_\_\_\_\_ Member's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**PROCESSING STOP PAYMENT ORDER:**

Verbal Stop Payment Request Received on: \_\_\_\_\_ Processed By: \_\_\_\_\_ Verbal Request Expires: \_\_\_\_\_  
Signed Stop Payment Request Received on: \_\_\_\_\_ Completed Stop Payment Order Expires: \_\_\_\_\_

**RELEASE OR REMOVAL OF STOP PAYMENT ORDER:**

Signing below (Account Holder) releases the bank from its obligation to stop payment on the above transaction(s).

Date of Release: \_\_\_\_\_ Account Holder Signature: \_\_\_\_\_

Branch: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

Stop Payment Order Removed on: \_\_\_\_\_ Processed By: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_