



ACH Stop Payment Form

Member Name: _____

Account Number: _____

Exact Amount of Transaction: _____

Originating Company: _____

Date of Next Scheduled Payment: _____

Reason For Return: _____

Date of Request: _____

Please stop payment on the preauthorized electronic funds transfer shown above, *one time*. Unless my signature appears below, the request was verbal and shall not be binding on USAgencies Credit Union beyond 14 days from the date above unless confirmed in writing by the member within the 14-day period. The Credit Union will not be liable for payment of the item contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union's liability shall not, in any event, exceed the amount of the item. I agree to reimburse the Credit Union for any loss it sustains in honoring this request. I certify by signing below that I have notified the originating institution that I intend not to pay this item, and that I am notifying USACU a minimum of three business days prior to the date of the next scheduled payment.

X _____
Member's Signature

X _____
Date Signed

For Credit Union Use Only

Written Requests:

Date Received: _____

Received By: _____

Date Sent To Accounting: _____

Verbal Requests:

Date & Time of Call: _____

Received By: _____

Request Made By: _____

Phone Number: _____

Check One: Primary Joint

Date Sent To Accounting: _____

Stop Payment Information:

Date Received: _____

Received By: _____

Date Placed On CTX: _____

Date Returned: _____

Date Fee Charged: _____

Fee Charged By: _____

Date Removed From CTX: _____

Removed By: _____