

**WHEN COMPLETE, PLEASE FAX  
BACK TO 323-874-1397**

## ACH STOP PAYMENT REQUEST

Account Holder Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Originating Company Name: \_\_\_\_\_  
Transaction Amount: \$ \_\_\_\_\_ OR  Any amount  
Check Serial Number: \_\_\_\_\_ *(only for check-related debt entries)*

For pre-authorized entries, I (the undersigned) understand, three business days advance notice prior to the expected transfer date of the 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, you will attempt to satisfy my request, 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. I also understand 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. \_\_\_\_\_ *(Account Holder initial here.)*

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for you to honor the request prior to finalizing the ACH entry.

**I must indicate my specific choice for stopping payment from the Originating Company named above by checking the appropriate box:**

- I wish to stop all future payments from this Originator indefinitely.
- I wish to stop the next payment only. *(Future entries from the Originator are to be paid, unless I provide you with an additional stop payment order.)*
- I wish to stop a series of all payments from (date) \_\_\_\_\_ to (date) \_\_\_\_\_. *(Identify the payment dated, or months of the specific payments from the Originator you wished stopped above.)*

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

Fee Assessed: \$ 20.00

If my "ACH Stop Payment Request" is not timely or you are otherwise compelled to make the scheduled electronic payment, I agree that you shall be entitled to charge my account for the amount paid and such charge shall stand regardless of whether I am entitled to recover from you on account thereof, and of my remedy shall be to prove and recover only such actual damages as may be occasioned to me in connection with the payment of the item.

**I UNDERSTAND THE STOP PAYMENT DOES NOT CANCEL OR CHANGE THE CONTRACT I HAVE WITH THE ORIGINATOR (PAYEE). TO CANCEL THAT CONTRACT AND TERMINATE MY PRE-AUTHORIZED ELECTRONIC PAYMENT, I MUST FOLLOW THE SPECIFICATIONS OUTLINED IN THE CONTRACT. I MUST ALSO SUPPLY THE CREDIT UNION WITH A COPY OF THE LETTER SENT TO THE ORIGINATOR (PAYEE) TO TERMINATE MY PRE- AUTHORIZED PAYMENT UNDER THE CONTRACT'S SPECIFICATION. I UNDERSTAND AND AGREE THAT IF A COPY OF THIS LETTER IS NOT PROVIDED TO THE CREDIT UNION WITHIN FOURTEEN (14) DAYS, YOU MAY HONOR SUBSEQUENT DEBITS TO MY ACCOUNT.**

I agree to indemnify you against any and all liability, loss, costs, damages, attorneys' fees, and other expenses, including, but not limited to, any amount you are obligated to pay on the item, which you may sustain or incur as a consequence of honoring this "ACH Stop Payment Request."

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

***Credit Union Use Only - Required***

Received by Branch/Department:	Teller ID# and Name:	Date: