



# STOP PAYMENT REQUEST: ACH DEBIT

**Fee \$32.00**

All stop payments request must be turned in before 4:30 p.m. Stop payment request must be submitted to Family First Credit Union at least three banking days before the scheduled date of the transfer. For ARC, BOC, POP, RCK, TEL, and WEB entries the request must be received in such a time that would allow the Credit Union to act on the stop payment order prior to the item debt entry.

ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

MERCHANT NAME \_\_\_\_\_

CHECK NUMBER (If check converted to ACH) \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_ ANTICIPATED POSTING DATE \_\_\_\_\_

REASON FOR STOP PAYMENT \_\_\_\_\_

AMOUNT OF STOP PAYMENT \_\_\_\_\_

**Stop Single Entry** The stop payment order will remain in effect until (1) one payment of the debit entry has been stopped, or (2) until you provide written notice to release the stop payment order. Notify the Originator that a stop payment was placed on a single entry and direct them to continue the recurring payments.

**Stop Recurring Entries** The stop payment order will remain in effect until such payment has been stopped or until you provide written notice to release the stop payment order. At our discretion, we may require a copy of the written revocation you provided the Originator. The projected expiration date of the account block is \_\_\_\_\_. We will verify that the Originator has stopped transmitting the recurring entry prior to the expiration and if they have not, we will extend the stop payment and direct you to contact the Originator again.

I understand a stop payment order must be received in time to allow Family First Credit Union a reasonable opportunity to act on it prior to acting on the debit entry. To be effective, the stop payment order must also sufficiently identify the payment. If the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order. I understand that if I authorize another payment to this company for any amount, I must advise Family First Credit Union to prevent return of the newly authorized entry. Family First Credit Union is not responsible for posting or return errors caused by insufficient or inaccurate information.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Verbal Request Rec'd Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

Written Request Rec'd Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_