

ACH AND CHECK STOP PAYMENT REQUEST FORM

Today's Date _____ Time _____ a.m. /p.m. Contact me at: _____
Account Number _____ Account Type _____ Personal _____ Business _____
Account Name _____ Expected Clearing Date for ACH _____
Payable to _____ Transaction Amount \$ _____ to _____
Check(s) Serial No. _____ to _____ Date Check(s) Written _____
(Required for POP, ARC, BOC and RCK Debits) Reason for Stop Payment _____

Stop One ACH Payment (Personal Acct) – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs MembersFirst CT Federal Credit Union (financial institution), hereinafter called “the Financial Institution”, to stop payment on the above transaction. The stop payment order shall remain in effect for 1.) until written notice is received from the account holder to revoke the stop payment order; or 2.) until payment of entry has been stopped, whichever occurs first.

Stop Payment for Recurring ACH Entries: __ PPD __ WEB __ IAT (Personal Acct) – Check SEC Code – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs MembersFirst CT Federal Credit Union (financial institution name), hereinafter called “the Financial Institution”, to stop payment on the above transaction. The stop payment order shall remain in effect for 1.) until written notice is received from the account holder to revoke the stop payment order; or 2.) until payment of all entries related to this request have been stopped, whichever occurs first.
The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, 1.) but on _____ (date), revoked that authorization by notifying _____ (company name) in the manner specified in the authorization; or 2.) will be notifying _____ (company name) on _____ (date) in the manner specified in authorization
The account holder agrees to provide the Financial Institution with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If the Financial Institution does not receive the required written confirmation, then it will honor subsequent debits to the account.

Stop One ACH Payment (Business Account – CCD, CTX, Non-Personal IAT) – Terns and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs MembersFirst CT Federal Credit Union financial institution name), hereinafter called “the Financial Institution”, to stop payment on the above transaction. The stop payment shall remain in effect for six months unless renewed in writing.

Stop Payment for Check – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs MembersFirst CT Federal Credit Union (financial institution name), hereinafter called “the Financial Institution”, to stop payment on the above transaction. The stop payment shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$ _____

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented 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 scheduled debit (s) or in time to give the Financial Institution 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 my result in the payment of the above item (s). The account holder agrees to hold harmless and indemnify the Financial Institution 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.

_____	_____	_____
Date	Account Holder Signature	Print Name
_____	_____	_____
Date	Financial Representative Signature	Print Name

FOR FINANCIAL INSTITUION USE ONLY

Verbal Stop Payment Requested Accepted on _____ by _____
Signed Stop Payment Request Form Received on _____ by _____
Written Confirmation of Revocation Received on _____ by _____