



ACH Stop Payment Request

ACH Stop Payment Fee: \$32

Member Information

Member Name: _____ Account Number: _____

Street Address: _____ Share#: _____
4-Digit Sub Number

City, State, Zip: _____

****Submission of form via unsecured channels may result in compromised personal information.****

Transaction Information

Originating Company Name: _____

Date of Transaction: _____

Transaction Amount: _____

Select One:

- I wish to stop the next payment only
- I wish to stop all future payments from this Originator indefinitely
- I wish to stop only this payment amount from this Originator

Stop Payment Authorization and Agreement (Please read and sign)

Sharonview Federal Credit Union is hereby directed to attempt to stop payment of the following ACH(Automated Clearing House) debit from my account as described above. I agree that Sharonview Federal Credit Union will not be liable for paying a debit 3 banking days from the date of the stop payment request (verbal or written) is received. I agree that the credit union cannot identify and therefore attempt to stop an ACH payment if the originating company name is different from the name shown above. I agree to indemnify the Credit Union against all liability, loss, costs, damages, fee of attorneys and other expenses, including but not limited to any amount the credit union is obligated to pay on the item, which the credit union may sustain or incur in consequences of honoring this Request to Stop ACH Payment I acknowledge that this stop payment order will remain in effect until my withdrawal of the ACH stop payment order. I understand there will be a fee assessed for each stop payment to be processed on my account as disclosed in the fee schedule. This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfer as indicated above. Unless the account holder's signature appears below, the request was verbally made and shall not be binding on Sharonview Federal Credit Union beyond 14 days from the date on this form unless confirmed in writing by the account holder within the 14 day period.

Member Signature: _____

Date: _____

Revocation of ACH Stop Payment Request

*** I have given new authorization for originating company stated above to debit my account.
 I hereby revoke this stop payment request.**

Member Signature: _____

Date: _____

Credit Union Use Only

Check if: Verbal Request

Employee Taking Request: _____

Accounting Use Only

Date Received	Company ID	Stop Payment Start Date	Stop Payment Expiration Date	Stop Payment Processed By