



ACH STOP PAYMENT FORM

Account Holder Name: _____
Account Number: _____
Originating Company Name: _____
Transaction Amount: \$ _____ OR ☐ Any Amount
Check Serial Number: _____ (only for check related entries)

For pre-authorized entries, **three (3) 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 (3) business days** of the expected transfer date, the financial institution will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided. _____ (Account Holder initial here)

For all other ACH entries, the stop payment request must be provided to Financial Horizons Credit Union in a timeframe that allows reasonable opportunity for us to act on the request prior to acting on the ACH entry.

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:

- ☐ I wish to stop the next payment only
(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order)
- ☐ I wish to stop a series of payments
Identify the payment dates, or months, of the specific payments from the Originator you wish stopped:

- ☐ I wish to stop all future payments from the Originator indefinitely
- ☐ I have terminated my authorization with this Originator
(Note: you will be required to complete a Written Statement of Unauthorized Debit prior to the re-crediting of your account for any transactions already posted that you wish returned)

If you designated a stop of the next payment only, the stop payment order will remain in effect until the earlier of (1) the return of the debit entry, (2) the withdrawal of the stop payment order by you or, if applicable, another authorized account holder for the designated account.

The account holder also understands that it is necessary to provide the correct information related to the transaction, and that failure to do so may result in the payment of the above entry(ies). The account holder agrees to hold harmless and indemnify FHCU for all expenses, costs, and damages, including attorney's fees and costs, incurred by the payment of the above item 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.

A charge, as reflected below, will be assessed to the account holder as payment for implementing this order:

Fee Assessed: \$25.00

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers as indicated above. Unless the account holder's signature appears below, the request was made orally and shall not be binding on FHCU beyond **14 days** from the date of this form unless confirmed in writing by the account holder within the **14 day** period.

I further depose and declare 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. I certify under penalty of perjury that the foregoing is true and correct.

Signature

Date

INTERNAL USE ONLY

Instruction Received By:	Date:	Time:	Fee Collected: Y / N
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