ACH DEBIT ACTIVITY STOP PAYMENT FORM

(to be used to stop a transaction before the ACH transaction posts to the account)

FORM MUST BE COMPLETED PROPERLY BY THE MEMBER AND SIGNED BEFORE THE RETURN CAN BE PROCESSED

Date of Request _____ Daytime Phone _____

Account Number _____ Members Name _____

Exact Amount of Transaction to stop $_____ _____ or _____ Stop **ALL** transactions

This form acknowledges members' request to stop payment on the preauthorized electronic funds transfer shown below. **If an item is presented and does not exactly match the information you provide on this form or it's presented in a different method than ACH debit it may be paid or returned according to NCFCU policies and procedures**. The Credit Union will not be held liability for costs and expenses arising from the refusal to pay an item as to which the member has given a stop payment order.

A stop payment order will remain in effect until the member withdraws the stop payment order in writing or by <u>checking</u> the option below.

Originating Company Name _____

Date of Next Scheduled Payment _____

I am requesting to stop this debit for one-time only ____Yes
____ No

I understand there is a $15.00 fee for each ACH stop payment and my account will be debited accordingly.

_____
Members Signature

OFFICE USE ONLY

Return Code-R08 Stop Payment on Specific Debit Only

Instructions Received by Teller # _____ Date _____ Time _____

Stop Payment Processed by Teller # _____

Item Returned Date _____
(remove stop payment from the system after item has been returned if the option box is checked)

June 2017