



# ACH Stop Payment Request/Release

## Account Information

Account Holder Name		Account Number
Originating Company Name		Company ID
Routing/Transit Number	Transaction Amount: \$ _____ or <input type="checkbox"/> Any Amount	
Check Serial Number <i>(only for check-related debit entries)</i>		<input type="checkbox"/> Recurring <input type="checkbox"/> Non-Recurring

For pre-authorized transactions, we must have advance notice of **three business days** prior to the expected transfer date to implement the stop payment request. If the stop payment request is received within three business days of the expected transfer date, we will attempt to satisfy your request, but we will not be held liable if we are unable to do so. You must also provide correct information related to the transaction(s) that is sufficient to enable the identification of the account and transaction(s) in question.

Account Holder Initial Here

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry. You agree that in order for us to have a reasonable opportunity to act, we must receive your stop payment at least **three business days** before the draft is received or **three business days** before the ACH is received by us for posting to your account. The term "business day" does not include any Saturday or federal holiday, even though our office may be open. We will attempt to satisfy all requests but will not be liable if sufficient time was not provided.

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

- I wish to stop all future payments from this Originator as it relates to the original authorization.
- 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/months of the specific payments from the Originator you wish to be stopped):*

**Please Note:** Stop payments will remain in effect until the earliest of: 1) six (6) months from the date of the stop payment request, 2) the withdrawal of the stop payment order; or 3) the return of the debit entry. You will be assessed a **fee of \$25.00** to process this stop payment request.

## Agreement & Authorization

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers as indicated above and represents that the information given above is correct. The account holder further represents 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. The account holder further agrees to hold Central Valley Firefighters Credit Union, its officers, directors, employees, agents, affiliates, successors, and permitted assigns harmless against any and all loss, claims, costs or damages, to include court costs and attorney's fees that may be incurred by reason of not paying above transactions.

Member Signature	Date
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## Stop Payment Release

- I hereby release the stop payment order described above and agree to defend, indemnify and to hold Central Valley Firefighters Credit Union harmless for the amount of the payment, and from all claims, damages, costs, and attorney's fees incurred and I further agree that the Credit Union will in no way be responsible or liable for payment of the instrument referred to above.

Member Signature	Date
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### FOR CREDIT UNION USE ONLY

Verbal Received by:	Date:	Time:
Written Confirmation Received by:	Date:	Time:
Written Request Received by:	Date:	Time:
Stop Payment Placed by — Employee:	Date:	Time:
Written Release Received by:	Date:	Time:
Stop Payment Released by — Employee:	Date:	Time: