



ACH Stop Payment Request

Verbal Request* Written Request

Member Name: _____ Daytime Phone: _____

Member Number: _____ Share ID: _____

Originating Company Name: _____

Date Transaction Last Posted to Share (If known): _____

Transaction Amount: \$ _____ OR Any amount

Check Serial Number: _____ (only for check-related debit entries)

For pre-authorized entries, three 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 business days of the expected transfer date, we will attempt to satisfy the request of the account holder but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three-business-day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question. If the information provided does not match the transaction in question, then there is a possibility that the transaction may still pay from the account.

*POPA FCU requires the account holder to give written confirmation of a stop payment order within 14 days of a verbal notification. A verbal stop payment order ceases to be binding after 14 days if the account holder fails to provide the required written confirmation.

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.

Please indicate your specific choice for stopping payment from the Originating Company named above by checking one of the appropriate boxes below:

- I wish to stop all future payments from this Originator indefinitely.
- I wish to stop payments from this Originator from ___/___/___ thru ___/___/___.

A fee will be assessed to the account holder as payment for implementing this stop payment order:

Fee Assessed: Please refer to POPA FCU’s Fee Schedule

This form acknowledges the account holder’s request to place a stop payment on the pre-authorized electronic funds transfer as indicated above. The account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by account holder or any person acting in concert with account holder, and that the signature below is account holder’s own proper signature.

Signature

Date