



ACH Stop Payment Request

Verbal Request* Written Request

Account Holder Name: _____ Account Number: _____

Originating Company Name: _____

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. *POPA FCU requires the consumer to give written confirmation of a stop payment order within 14 days of an oral notification. An oral stop payment order ceases to be binding after 14 days if the consumer fails to provide the required written confirmation. _____ (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.

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 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 order:

Fee Assessed: \$15.00

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers as indicated above. 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.

Signature _____

Date _____

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For Credit Union Use Only:		
<input type="checkbox"/> Verbal stop payment placed by: _____	Teller#: _____	Date: _____
Draft #: _____	Amount \$ _____	Payable to: _____
Account#: _____	Member Name: _____	

<input type="checkbox"/> Stop payment placed by: _____	Teller#: _____	Date form received: _____