



## ACH STOP PAYMENT REQUEST ORDER

Today's Date \_\_\_\_\_ Contact me at: \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_ Expected Clearing Date for ACH \_\_\_\_\_

Payable To \_\_\_\_\_

Transaction Amount \_\_\_\_\_ Check(s) No. \_\_\_\_\_ Date Check(s) Written \_\_\_\_\_

Reason for Stop Payment \_\_\_\_\_

**Stop One ACH Payment (Consumer) – Terms and Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs Direct Federal Credit Union to stop payment on the above transaction. The stop payment order shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until payment of the entry has been stopped, whichever occurs first.

**Stop Payment for Recurring ACH Entries:**

On the terms hereinafter set out, the undersigned account holder hereby instructs Direct Federal Credit Union to stop payment on the above transaction(s). The stop payment order shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until payment of all entries related to this request have been stopped, whichever occurs first.

The account holder authorized \_\_\_\_\_ (company name) to originate one or more ACH entries to debit funds from the above account, 1) but on \_\_\_\_\_ (date), revoked that authorization by notifying \_\_\_\_\_ (company name) in the manner specified in the authorization; or 2) will be notifying \_\_\_\_\_ (company name) on \_\_\_\_\_ (date) in the manner specified in the authorization

By directing Direct Federal Credit Union to stop payment on the above transaction(s), the account holder agrees to hold Direct Federal Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that Direct Federal Credit Union may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give Direct Federal Credit Union reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above items(s). The account holder agrees to hold harmless and indemnify Direct Federal Credit Union for all expenses, costs, and damages incurred by payment of the above item(s) 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.

Date: _____	Account Holder Signature _____	Print Name _____
Date: _____	Financial Institution Representative Signature _____	Print Name _____

**FOR FINANCIAL INSTITUTION USE ONLY**

Signed Stop Payment Request Form Received on \_\_\_\_\_ by \_\_\_\_\_

Written Confirmation of Revocation Received on \_\_\_\_\_ by \_\_\_\_\_