

## **ACH Stop Payment Order**

Contact Information

Account Number/Suffix:	
Member Printed Name:	
I am requesting stop payment on the <u>recurring</u> debit described l	
ACH Information	
This is a one time stop order from the company below.	
This is a stop order for all future debits from the company b	pelow.
Originating Company	Amount of Debit
I understand that there is a fee of \$25.00 for each ACH stop	p payment order.
I further depose and say that the debit transaction(s) described above acting in concert with me, and that the signature above is my own protrue and correct.	
Member Signature:	Date:
If order is taken verbally:	/ Date

Requests to stop upcoming ACH payments must be received a minimum of 3 days prior to the ACH transaction.

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

A charge, as reflected below, a \$25.00 fee will be assessed to the account holder as payment for implementing this order.

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers as indicated above. Stop payment requests made by telephone are valid for 14 days from the date of request. The credit union must receive a signed ACH Stop Payment Order to extend the stop payment beyond 14 days.