



ACH STOP PAYMENT REQUEST

ACCOUNTING FAX (209)383-5152

NAME: _____ COMPANY NAME: _____

ACCOUNT NUMBER: _____ DAYTIME PHONE #: _____

TRANSACTION AMOUNT: _____ DATE OF LAST DEBIT: _____

_____ STOP ANY AMOUNT **OR** _____ STOP ONLY THE SPECIFIED AMOUNT

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 make every 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) and is sufficient to enable the identification of the account and transaction(s) in question.

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 space:

_____ **STOP ALL FUTURE PAYMENTS**

_____ **ONE-TIME STOP** (Stop the next payment only)

_____ **STOP A SERIES OF PAYMENTS** (Specify the months): _____

A \$15.00 fee will be assessed to the account as payment for implementing this stop payment.

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

RECEIVED BY (NAME & TLR #)

DATE

BRANCH

FEE CAN # (GL 293100)

FOR ACH USE ONLY

STOP PLACED BY

DATE

ROUTING #

COMPANY ID#

AUTHORIZATION TO RELEASE STOP PAYMENT

I authorize Merced School Employees Federal Credit Union to release the ACH stop payment listed above.

SIGNATURE: _____

DATE: _____