

**Y-12 Federal Credit Union
ACH STOP PAYMENT FORM**

Date: ____ / ____ / ____

***CONSUMER STOP PAY**

CHECK ONE:

STOP PAYMENT (one time)

The ACH stop payment will remain in effect until the following: (1) until one payment of the debit entry has been stopped or (2) until the Receiver withdraws the stop payment order, **whichever occurs first.**

STOP PAYMENT (stop all future debits)

Stop Payment will remain in effect until member withdraws the Stop Payment order.

***NON-CONSUMER STOP PAY (COMMERCIAL ACCOUNTS)**

STOP PAYMENT (6 MONTHS)

The ACH stop payment will remain in effect (1) until one payment of the debit entry has been stopped, or (2) until the Receiver withdraws the stop payment order, or (3) six months unless renewed in writing, whichever occurs earliest.

Share Number: _____ checking or savings

Member Name: _____

Payable to: _____

Debit Amount: _____

Stop Pay Fee: \$32.00

Stop Payment Terms and Conditions: Account holder agrees to hold Y-12 FCU harmless against any and all loss, claims, damages, and cost, including court cost and attorney fees that may be incurred by non-payment of the above transaction if presented prior to withdrawal or expiration of the instructions. Stop Payment must be received in time to allow Y-12 FCU reasonable time to act on it. For some debits, Y-12 FCU may require notice at least 3 business days prior to scheduled date of debit.

*The Credit Union is unable to guarantee the Stop Payment if the debit has not been presented before. The amount of the Stop Payment must be exact or Stop Pay order will be ineffective. A Stop Payment on recurring debits does not cancel authorization with the merchant.

I have read and understand the above terms.

Member Signature: _____ Date: ____ / ____ / ____

STOP PAYMENT RELEASE:

I am requesting the above Stop Payment hereby be canceled. I understand that a reasonable time is required to act upon this request. We may require a 3 business day notice for cancelation to become effective.

Member Signature: _____ Date: ____ / ____ / ____

Teller Stamp: _____

Office Use Only

Verbal Request Received

Member: _____ Date: ____ / ____ / ____ Time: _____