

MITFCU ACH Stop Payment Form



Please complete this form to place an ACH Stop Payment on the previously authorized electronic funds transfer shown below. This stop payment request must be made no later than three (3) business days prior to the expected date of the debit entry. If the stop payment order is received within three business days of the expected 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. Completing this form will not re-credit funds to your account but will stop future debits from this company. MITFCU must receive this signed, completed form for a stop payment to be placed. If we do not receive this written form within 14 calendar days of the verbal stop payment, the stop will be removed from your account. This stop payment form will remain in effect until it is canceled in writing. If you should have any questions regarding this form, please call 617-253-2845.

New Stop Payment Order Cancel Stop Payment Order

First Name _____ Middle Initial _____

Last Name _____

Member Number _____ Phone Number _____

ACH is being deducted from Checking Savings

Company Name _____

Description of ACH Debit _____

Amount of ACH Debit \$ _____

Date item was last deducted from account _____

Please select one:

Please place a Permanent Stop Payment on any future ACH amounts from this company name and description.

Please place a Permanent Stop Payment on the exact amount of this debit from this company name and description

Please place a One-Time Stop Payment on the ACH Debit amount below from this company name and description.

The exact amount of the ACH debit \$ _____

Date for One-Time Stop Payment to expire _____

I understand that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. I understand that this stop payment does not cancel or change the contract I have with the originating company. To cancel that contract and terminate my pre-authorization debit, I must follow the specifications outlined in the contract I completed with this company. By directing MITFCU to stop payment on this item, I agree to hold MITFCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of MITFCU having acted on this Stop Payment Request.

I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own signature. If requested by the Originating Depository Financial Institution (ODFI), I agree that a copy of this statement may be provided. I assert that I am an authorized signer and/or have the authority to act on the account.

Member Signature _____

Date _____



MITFCU ACH Stop Payment Form

Credit Union Use Only

Representative Name _____ Department/Branch _____

Date Received _____

Operations Department Use Only

Member Number _____ ACH Debit Amount *(if applicable)* _____

Date last debit posted to account _____ Company Name _____

Company Description _____

Company ID for ACH item _____ ACH Individual Name _____

Standard Entry Class Code _____ Stop payment reason code: R08 _____

Stop Payment in CP2 Yes No If yes, expiration date _____

Cancel stop payment in XP2 Yes No Date stop/deletion processed in Xp system _____

Operations Employee _____