



70 Westview Street
 Lexington, MA 02421
 617-253-2845
 www.mitfcu.org

ACH STOP PAYMENT REQUEST

Member Number: _____

Please complete this form to request 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 (3) 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. MIT FCU 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: _____ Phone Number: _____

ACH is being deducted from: Checking Savings

Company Name: _____

Description of ACH Debit: _____

Amount of ACH Debit: _____ Date item last deducted: _____

- 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.

Exact amount of ACH Debit: _____

One-Time Stop Payment Expiration Date: _____

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 MIT FCU to stop payment on this item, I agree to hold MIT FCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of MIT FCU 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



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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 Description: _____

Company Name: _____

ACH Company ID: _____ ACH Individual Name: _____

Standard Entry Class Code: _____ Stop Payment Reason Code: _____

Stop Payment in XP2: Yes No If Yes, Expiration Date: _____

Cancel Stop Payment in XP2: Yes No Date Stop/Deletion Processed: _____

Operations Representative: _____