ACH STOP PAYMENT REQUEST

The People's FEDERAL CREDIT UNION

Today's Date: _____ Time: _____

Member Name: _____ Phone Number: _____

Account Number: _____ Type: 00 - Saving

Expected Clearing Date: _____

Amount: _____ Check Number: _____

Payable To: _____

Company ID#/Routing # _____

Site Address & Phone Number: _____

A charge of $20.00 will be debited from the member's account as payment for implementing this order.
The member understands that the law requires a stop payment request to be received at least three (3) business days before a scheduled debit(s). On the terms hereinafter set out, the undersigned member hereby instructs The People's Federal Credit Union, hereinafter called "TPFCU," to stop payment on the above transaction. A SIGNATURE IS REQUIRED to complete the request.

☐ Stop Unauthorized Payments - Terms and Conditions (R10)

The member agrees that they did not authorize, and have not ever authorized, in writing _____(company) to originate one or more ACH entries to debit funds from any account at TPFCU.

☐ Stop One ACH Payment - Terms and Conditions (R10)

The member agrees that they authorized a one time payment for $_____ to _____(company) and that the terms were not met by either the incorrect amount or the date it was debited. The stop payment order shall remain in affect for 1) six months; 2) until written notice is received from the member to revoke the stop payment order; or 3) until payment of the entry has been stopped, whichever occurs first.

☐ Stop Payment for Recurring/Contractual Payments - Terms and Conditions (R07)

The member authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, 1)but on _____, 20_____, revoked that authorization by notifying _____(company name) in the manner specified in the authorization; or 2) will be notifying _____(company name) on _____, 20_____ in the manner specified in the authorization.

The member agrees to provide TPFCU with written confirmation of the revocation with _____(company name) within 14 calendar days from today's date. If TPFCU does not receive the required written confirmation, then it will honor subsequent debits to the account.

☐ Stop Payment for Electronic Checks - Terms and Conditions (R10)

The stop payment order shall remain in effect for six months.

By directing TPFCU to stop payment on the above transaction(s), the member agrees to hold TPFCU harmless against any and all loss, claims, damages and costs, including court costs and attorney's fees, that TPFCU may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The member also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The member agrees to hold harmless and indemnify TPFCU for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the member to meet the time requirements noted above, or if such payment is the result of failure of the member to furnish any item of information requested above completely, accurately and correctly.

I further state that the debit transaction(s) 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. I certify under penalty of perjury that the foregoing is true and correct.

Date	Member Signature	Print Name
Date	TPFCU Representative Signature	Print Name

For Financial Institution Use Only

☐ Verbal Stop Payment Request accepted on _____, 20_____ by _____

☐ Signed Stop Payment Request Form accepted on _____,20_____ by _____

Print Form