



Stop ACH Payment Request Order

Member Number _____

Member Name _____

Timing of Stop Payment Order

I understand a stop payment order must be received at least three (3) banking days prior to the scheduled date of the debit/transfer. To be effective, the stop payment order must also sufficiently identify the payment. If the order is accepted orally, a written confirmation is required and must be received within fourteen (14) days of the oral order, or the stop payment will be removed.

Please return the completed, signed form to a branch, fax it to the Member Service Center at 803-469-4050, email it to msc@safefed.org or mail it to SAFE Federal Credit Union, PO Box 2008, Sumter, SC 29151-2008. Any delay in the delivery of this form may result in the posting of the debit/transfer by the company below.

Stop Payment Terms and Conditions

I, understand, hereby instruct SAFE Federal Credit Union to stop payment on the below transaction(s). It is my understanding that this stop payment will remain in effect for 36 months unless it is revoked earlier by myself or any party that has authority to act on this account. I understand that placing a stop payment order on a recurring ACH transaction will not cancel my authorization with the merchant. I agree to indemnify SAFE Federal Credit Union and hold them harmless from any adverse action that may result from honoring this request. I understand that a Stop Payment fee will be assessed to my account according to the current fee schedule.

Originator/ Company Debiting Account _____
Account Number _____

Note: if this is for a checking account please use the checking account number to identify the account

ACH Stop Payments are stopped by name. If the company changes or alters its name, this may allow the transaction to post without our knowledge. You must notify the credit union immediately to return the transfer/debit in a timely manner by filing out and submitting a Written Statement of Unauthorized Debit form.

Please select only one appropriate reason for your request:

☐ I wish to stop this one transaction
It will occur on _____ (approximate date)
Note: an expiration date should be used to drop the stop payment to allow for future drafts

For the amount of _____
Check number _____ (if applicable)

☐ I wish to stop all transactions from this company – choose STOP in system
Note: this stop payment order will remain in effect until revoked by the member

☐ I revoked the authorization I had previously given by notifying the company above
Note: chose REVOCATION in system

I further state that the debit transaction and this stop request was not originated with fraudulent intent by me or by any person acting in concert with me. I am an authorized signer or have authority to act on this account, and the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Authorized Signature

Date

Form Completed By _____ Teller # _____ Date _____

Verbal request Rec'd Date _____ Time _____ By _____ TLR # _____
Written request Rec'd Date _____ Time _____ By _____ TLR # _____

REVOKING STOP PAYMENT REQUEST ORDER

I am authorizing the above company/entity to debit my account as I have provided them notification of the corrections or adjustments.

Authorized Signature

Date