

ACH STOP Payment

(Staff: Call Bookkeeping when completing this form)

***If a transaction is not authorized this is not the correct form!**

A comment must be placed on the member's account stating that a permanent stop pay was placed on the company name and amount.

Name _____ Date _____

ACH Company _____

This Payment is for: _____

(Type of payment: for example: car payment, credit card payment, phone, electric life insurance, etc)

Was this payment initiated through the CU*Easy pay Bill pay product? Yes No

If YES: I (the member) understand that I need to attempt to stop pay this item through the CU*Easy Pay Bill Pay product. If unable to stop pay thru the CU*Easy pay Bill Pay product please partner with the bill pay expert in your office to see if it can be stopped through FAFCU back office support. I understand that it is possible that FAFCU will not be able to stop pay the authorized transaction and that the refund will have to be initiated with the original biller. I also understand that if I did initiate this transaction through the CU*Easy Pay bill pay product and do not follow the above mentioned instructions that CU*Easy pay will stop my ability to use the CU*Easy Pay bill pay product until they are reimbursed for these funds as they have already sent the funds to the biller.

I (we) authorize Forest Area Federal Credit Union to **STOP** paying \$ _____ via ACH from my Share/Draft (circle one) account number _____.

I (we) want to STOP this payment immediately and have made every effort to contact the above mentioned company and have them process the stop payment as well.

I understand that there is a \$20.00 fee to process this stop payment. _____ Fee collected by staff

I (we) would like this stop payment to be:

_____ One-time only Stop Payment

_____ Permanent Stop Payment

It is scheduled to pay on the following date: _____

I understand that by making this request I (we) are taking full responsibility for making sure this and future payments are made on time.

Verbal Requests: expires in 14 days. **Per:** _____
Member's name

Signed form: Permanent

Member's Signature

Date

Time

Teller name

Teller #