



ACH/CHECK STOP PAYMENT REQUEST: ACH DEBIT-CONSUMER

Date of Request: _____ Anticipated Posting Date: _____

Account Number: _____

Account Name: _____

Merchant Name: _____ Check # (If check converted to ACH): _____

Reason for Stop Payment _____

Amount of Stop Payment \$ _____

Stop Payment Fee \$34.00

Check One:

- ☐ **Stop Single Entry:** The stop payment order will remain in effect until (1) one payment of the debit entry has been stopped, or (2) until you provide written notice to release the stop payment order. Notify the Originator that a stop payment was placed on a single entry and direct them to continue the recurring payments.
- ☐ **Stop Recurring Entries:** The stop payment order will remain in effect until such payment has been stopped or until you provide written notice to release the stop payment order. I understand that the financial institution may require confirmation that I have revoked authorization with the Originator, and if I do not provide it within 14 days, the stop payment order will cease to be binding and subsequent payments will be allowed to post.
- I certify that I have revoked authorization with this Originator in the manner specified in the above authorization.**

Stop Payment Terms and Conditions

I (the owner of the account number listing above) hereby instruct NPOCU to stop payment on the above transaction(s). I understand that placing a stop payment order on a recurring ACH transaction will not cancel my authorization with the merchant. It is understood that in order to place a stop payment on all subsequent payments from an Originator, I must notify the Originator to cancel my authorization prior to placing the stop payment order.

It is understood that by placing this Stop Payment Request on the transaction(s) listed above that the account holder agrees to hold the financial institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the financial institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

Timing of Stop Payment Order

I understand a stop payment order must be received in time to allow the institution a reasonable opportunity to act on it prior to acting on the debit entry. To be effective, the stop payment order must also sufficiently identify the payment. If the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order. I understand that if I authorize another payment to this company for any amount, I must advise the financial institution to prevent return of the newly authorized entry. The financial institution is not responsible for posting or return errors caused by insufficient or inaccurate information.

Authorized Signature _____ **Date** _____

Verbal Request Rec'd Date _____ Time _____ By _____

Written Request Rec'd Date _____ Time _____ By _____