



Post Office Box 1610
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 memberservices@aufcu.org

ACH STOP PAYMENT REQUEST FORM

ACH Information

Account Number: _____ Share Draft ID #: _____
 Date of Request: _____ Time of Request: _____
 Member's Name: _____
 Member's Address: _____
 Street Address _____ Apartment/Unit # _____
 City _____ State _____ Zip Code _____

Contact Info: _____
 Phone _____ Email _____

Stop Request Type: Written
 Verbal

Effective Date: _____ Expiration Date***: _____
 Amount: _____ Date of Payment: _____
 Origination Company Name: _____

Return Code: _____ Teller/MSR: _____

- _____ R08---Stop Payment on specific debit, Only One Month
- _____ R07---Authorization Revoked by Member/Stop All Payments
- _____ R10---Member Advises Transaction Not Authorized

Stop PMT Fee Paid By: Cash /Check (# _____) /Debit Account (# _____)

***By signing below I agree to pay the \$25.00 service fee for the ACH stop payment request on the above described draft.*

This form acknowledges member's request to stop the preauthorized electronic fund transfer shown above. ***I understand that if this request was made verbally to the credit union, the stop payment request will be void unless I, the member, sign this form within 14 days of the initial verbal request. I also understand that this request will cease to be effective six months from the above effective date, unless it is previously canceled or renewed in writing by me.

***I understand it is not the credit union's responsibility to notify me when the time period lapses and if I choose to renew the stop payment request, I may be subject to pay another service fee.**

By signing this form, the member acknowledges that the transaction noted above was not properly authorized or that a previously existing authorization has since been revoked. In the case of authorization revoked, the financial institution may request from the member a copy of written instructions to the company terminating authorization.

 Member's Signature

 Date