



3720 Hamilton Boulevard / PO Box 4388 / Allentown, PA 18105-4388 / Phone: 610-820-0145 / Toll Free: 800-800-2311 / Fax: 610-435-4374 / www.lvecu.org

ACH STOP PAYMENT REQUEST

LVECU MUST HAVE AT LEAST 3 DAYS ADVANCE NOTICE FOR ALL ACH STOP PAYMENT (REG. E)

MAKER'S NAME: _____

ADDRESS: _____

PHONE: _____

Member # _____ Share # _____ Draft #(10 Digit Co. #) _____

Company Name: _____

\$ Amount: _____ Date of Last Bill Payment: _____

In requesting you to stop payment of this "Automatic Bill Payment", the undersigned agrees to hold the Credit Union harmless for all expenses and costs incurred by the Credit Union on account of refusing payment thereof, and further agrees not to hold the Credit Union liable on account of payment contrary to this request if same occurred through inadvertence, accident, oversight, or if payment is made before the Credit Union has a reasonable time to process this request.

It is understood that this request is effective for only six (6) months from the date of its receipt by the Credit Union unless renewed in writing.

The undersigned authorizes the Credit Union to charge \$8.00 for expenses in handling this stop payment order.

An oral stop payment order is effective only for fourteen (14) calendar days unless confirmed in writing to the Credit Union.

It is understood that if the Credit Union is to resume payments to above company, a written request must be signed and sent to LVECU, Attn: ACH Coordinator, PO Box 4388, Allentown PA 18103.

Date: _____

Member's Signature: _____

CREDIT UNION USE ONLY

Yes/No		
LVECU Employee Name & Date	Fee Paid	ACH Coordinator Initials & Date