



ACH Stop Payment Agreement

ACH Stop Payment Fee: \$15.00

Member Name:

Member Account #:

Member Phone #:

Amount:

ACH Debit Date:

Company Name:

Reason:

Stop Payment Expiration Date:

You may initiate an oral ACH Stop Payment order; however, it will require a signature to remain in effect beyond the 14th calendar day of initiation. The ACH Stop Payment request form must be received at least three days before the scheduled date of the debit/credit. ***An ACH Stop Payment request is valid only for the current scheduled payment and will remain in effect for six months. An ACH Stop payment does not stop all future payments from the originating company. If you wish to stop all future payments, you must contact the originating company and revoke the authorization with them.*** DVAFCU is not required to notify the members when a Stop Payment order expires (oral or written).

Exact information is vital to insure the order is properly executed. By signing below, you understand that if this order contains incorrect or incomplete information, DVAFCU will not be responsible for failing to stop payment on a specific draft, and you agree to hold DVAFCU harmless for said amount and for all expenses and costs incurred by refusing payment of such draft.

I have verified the information listed above is accurate and I accept the rules pertaining to this agreement.

Member Signature

Date

DVA FCU Use Only

Completed By: _____ Date: _____

Fee Charged: _____ Waving of Fee Approved by: _____

Forward completed form to the EFT Coordinator