



ACH Stop Payment Request Form

Member Name: _____ Account Number: _____

I hereby authorize **Greater Valley Credit Union** to place a Stop Payment for the ACH debit listed below. This order will remain in effect until I cancel it in writing.

Originating Company Name: _____

Date of Transaction:
(or approximate date) _____ Transaction Amount: _____

Select One:

- Please place a **One-Time Stop Payment** on the ACH debit. I would like this Stop Payment Order to expire on: _____.
- Please place a **Permanent Stop Payment** on the ACH debit. I have revoked my authorization. Do not pay any future debits from this Company.

I understand that the Credit Union cannot identify and therefore attempt to stop an ACH payment if the Originating Company name is different from the name shown above.

I understand there will be a charge for each stop payment processed on my account as disclosed in the schedule of fees.

If this request is for a **One-Time Stop**, I understand that the Credit Union cannot guarantee the prevention of a payment that was "stopped" from being re-deposited and debited from my account. The only guarantee is by revoking my authorization to the above Company.

I agree to indemnify the Credit Union against all liability, loss, costs, damages, attorney fees and other expenses, including but not limited to any amount the Credit Union is obligated to pay on the item, which the Credit Union may sustain or incur in consequences of honoring this ACH Stop Payment Request form.

Member Signature: _____ Date: _____

Revocation of Stop Payment Order

I hereby revoke the Stop Payment Order for the debit listed above. I authorize the Credit Union to pay any future debits from this Company effective: _____.

Member Signature: _____ Date: _____

Credit Union Use:

Stop Payment Updated By / Date: _____

Revocation Updated By / Date: _____