CONSUMERS FEDERAL CREDIT UNION **serving our membership since 1965**
425 Neptune Avenue, Brooklyn, NY 11224 www.consumersfcu.org
4177 Merrick Road, Massapequa, NY 11758
Phone (718)266-2204 Fax (718) 266-1976

ACH Stop Payment Request

Financial Institution: _____

Account Holder Name: _____

Account Number: _____

Originating Company Name: _____

Transaction Amount: $ _____ **OR** □ Any amount.

Check Serial Number: _____ *(only for check-related debit entries)*

For pre-authorized entries, three business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question. _____ *(Account Holder initial here.)*

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:

□ I wish to stop all future payments from this Originator indefinitely

□ I wish to stop the next payment only
(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)

□ I wish to stop a series of payments
Identify the payment dates, or months, of the specific payments from the Originator you wished stopped:

_____

A fee will be assessed to the account holder as payment for implementing this order:
Fee Assessed: $ 10.00

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers as indicated above. The account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

Signature: _____ Date: _____

****For financial institution use only**:**

Instructions Received by: _____

Date: _____ Time: _____