



STOP PAYMENT, REVOCATION OR CLAIM OF UNAUTHORIZED TRANSACTIONS (ACH AND CHECK ITEMS)

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New Delete

Member Name: _____ Account Number: _____ Share ID: _____ Fee Amount(s) ACH / Check: _____	Date of Request: _____ Old Account# (if applicable): _____ Time of Request: _____ Expiration Date: _____
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I agree to indemnify Pasadena Federal Credit Union for all damages, costs, and expenses to which the Credit union may be subjected by complying with this order. I understand that Pasadena Federal Credit Union will use its best efforts to stop this item; however, to be effective the stop payment order must be received in time to allow the institution a reasonable opportunity to act on it, and for some ACH debits it must be received at least three (3) banking days before the scheduled date of transfer. Should the Credit Union become holder in due course, or should the description of the item be inaccurate, the Credit Union will not be liable in any way, and the item will be charged to my account. I further understand that should there be a dispute involving this order, the burden of proving the fact and amount of any loss will be upon me. _____ (Account Holder initial here.)

Yes No For Telephone Requests Only: If the call is not recorded, a verbal request requires a signed confirmation copy within fourteen (14) days of original request or this stop payment order will be cancelled.

Select One:

<input type="checkbox"/> ACH Return: <input type="checkbox"/> 1. R08 Stop ACH Payment (One Time Only) <input type="checkbox"/> 2. **R07 Revoked Reoccurring Authorization (PPD, WEB, IAT) <input type="checkbox"/> 3. **R10, R29 Unauthorized ACH Stop (PPD, CCD, ARC, BOC, IAT, POP and Single-Entry WEB, TEL) Company Name: _____ Company I.D. No.: _____ Date of Payment: _____ Return Code: _____ Amount: _____	<input type="checkbox"/> Check Return: Select Return Code: 99 Member Stop Payment on Check(s) Check Payable to: _____ Check Number(s) _____ to _____ Date Check Written: _____ Reason for Stop: _____ Amount: _____
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By signing this form, member acknowledges that the transaction(s) noted above was not properly authorized or that a previously existing authorization has since been revoked. This form acknowledges member's request to stop the preauthorized electronic funds transfer(s) or check(s) shown above.

ACH Stop Payment Order – I understand that this stop payment order remains in effect, unless cancelled or withdrawn by me in writing. I accept and agree to its terms and conditions.

Check Stop Payment Order – I agree to notify the Credit Union to cancel this order if and when the reason for the stop payment ceases to exist. I understand: 1.) that closing of the account upon which this check is drawn shall automatically cancel this order; 2.) that this order expires and is of no further effect six (6) months from the date of delivery to the Credit Union unless earlier renewed or revoked by me in writing; 3.) that if a third person becomes a holder in due course of the check, he or she may be entitled to enforce payment against the drawer.

**Signed Written Statement of Unauthorized Debit (ACH) form required (W.S.U.D.)

Teller: _____

Signature _____

Date _____