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FAFCU.org

## ACH STOP PAYMENT FORM

**FOR CREDIT UNION USE ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

- For pre-authorized ACH transactions, this form must be submitted a minimum of three (3) business days prior to the expected transaction date.
- For all other ACH transactions, the stop payment request must be provided to F&A Credit Union within a minimum of three (3) business days prior to the date of the transaction, providing a reasonable opportunity for us to act on the request.
- If the stop payment form is received three (3) business days prior to the expected transfer date, we will attempt to satisfy the request but will not be held liable if sufficient time is not provided.
- Carefully complete all the information on this form. Failure to enter correct information may result in the payment being processed.

### Member Information

Member Name (First, MI, Last)	Account Number
Daytime Phone Number	Email Address
Street Address	City, State, Zip Code

### Action Requested (select one)

- ☐ Stop next payment only. This stop payment order remains in effect until the earliest of (1) the withdrawal of the stop payment order by you, the receiver, or (2) the return of the debit entry. All future payments will be made unless an additional stop payment order is provided.
- ☐ Stop a series of payments. Detail specific dates for stop payments: \_\_\_\_\_
- ☐ Stop all future payments and cancel the ACH Authorization.
- ☐ I have terminated my authorization with this Originator. You are required to complete a Written Statement of Unauthorized Debit prior to the crediting of your account for any transactions already posted that you want returned.

Company Name of Payment Originator	Transaction Amount
Check Serial Number (for check-related debit transactions)	

### Member Authorization & Acknowledgement

This form affirms my request to stop payment on the pre-authorized electronic funds transfer(s) detailed herein. My signature must appear below for this request to be valid. I agree to hold harmless and indemnify F&A Credit Union for all expenses, costs, and damages, including attorneys' fees and costs, incurred by the payment of the above item if payment is the result of my failure to meet the advance notice requirements, or if payment is the result of my failure to furnish thorough and accurate information. My signature affirms that the debit transaction(s) described herein were not originated with fraudulent intent by me or any person acting on my behalf. The signature below is my original signature. I certify under penalty of perjury that the foregoing is true and correct.

**A \$10 FEE WILL BE ASSESSED FOR ALL STOP PAYMENT REQUESTS.**

Member Signature (required)

Date