



ACH Stop Payment Request

Written Request

Verbal Request

VERBAL STOP PAYMENT ORDERS WILL CEASE TO BE BINDING AFTER 14 CALENDAR DAYS UNLESS WRITTEN CONFIRMATION IS PROVIDED TO THE FINANCIAL INSTITUTION BY THE MEMBER WITHIN THAT 14 DAY PERIOD.

Member Name _____ Date/Time of Request _____

Account Number _____ Daytime Phone(s) # _____

Merchant or Company Name _____

Reason for Stop Payment _____ Future Posting Date _____

Select One

Please place a **Permanent Stop Payment** on any future ACH amounts from this company name and description. This will remain in effect until it is cancelled in writing.

Please place a **Permanent Stop Payment** on the exact amount of this debit from this company name and description. This will remain in effect until it is cancelled in writing.

➤ The *exact* amount of the ACH Debit \$ _____

Please place a **One-Time Stop Payment** on the ACH Debit amount below from this company name and description.

➤ The *exact* amount of the ACH Debit (or ALL) \$ _____

➤ Date for One-Time Stop Payment to expire _____

I understand a stop payment order must be received in time to allow GeoVista a reasonable opportunity to act on it. I understand that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. I understand that this stop payment does not cancel or change the contract I have with the originating company. To cancel that contract and terminate my pre-authorization debit, I must follow the specifications outlined in the contract I completed with this company. By directing GeoVista Credit Union to stop payment on this item, I agree to hold GeoVista Credit Union harmless against any and all loss, claims, damages, and cost, including court cost and attorney's fees that are incurred as a result of GeoVista having acted on this Stop Payment Request.

I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own signature. If requested by the Originating Depository Financial Institution (ODFI), I agree that a copy of this statement may be provided. I assert that I am an authorized signer and/or have the authority to act on the account.

I understand a fee of \$30 will be deducted from my account. _____ (Please initial)

Signature _____ Date _____

Office Use Only

Received by Teller # and Name _____ Date _____ Fee Taken Y N

ACH Dept Accepted by _____ Date/Time processed _____