



ACH Stop Payment Order

Use this form to stop payment for an ACH Debit Transaction.

MEMBER INFORMATION

Member Name:

Credit Union Account Number:

Daytime Phone:

TRANSACTION INFORMATION

Company Name:

Amount:

Withdrawal Date:

Per request, we will:

- Stop one time only next debit (will stay in place until next item is returned)
- Stop the next _____ (number of debits) _____ (frequency of debit - i.e., weekly, monthly)
- Stop all debits from this Company (will stay in place until debit is terminated)
Check one: _____ authorized amount; _____ all amounts
- Cancel previously placed ACH Stop Payment Order

for the ACH transaction described on this form. You understand that Congressional Federal will not be liable for the failure of a payment to be stopped if the information provided is incorrect or incomplete. You understand that Congressional Federal's liability shall not, in any event, exceed the amount of the ACH item. You also understand that this order is effective if received at least three (3) business days prior to the scheduled date of posting. In the case of an oral stop, you understand that this form must be submitted within 14 days of the oral notification or the ACH stop payment will cease to be binding. You agree to notify the company of your request to revoke authorization of this payment if "Stop all debits from this company" is requested.

A \$30.00 processing fee must be available in your account with Congressional at the time the ACH Stop Payment Order is received and before processing this request.

Member Signature:

Date:

FOR CREDIT UNION USE ONLY

Date Received:

Processed By:

Fee Assessed: