



# ACH STOP PAYMENT REQUEST

**ACCOUNTING FAX (209)383-5152**

NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

TRANSACTION AMOUNT: \_\_\_\_\_ DATE OF LAST DEBIT: \_\_\_\_\_

\_\_\_\_\_ STOP ANY AMOUNT      **OR**      \_\_\_\_\_ STOP ONLY THE SPECIFIED AMOUNT

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.

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 space:**

\_\_\_\_\_ **STOP ALL FUTURE PAYMENTS**

\_\_\_\_\_ **ONE-TIME STOP** (Stop the next payment only)

\_\_\_\_\_ **STOP A SERIES OF PAYMENTS** (Specify the months): \_\_\_\_\_

**A \$15.00 fee will be charged to your account for implementing this stop payment.**

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.

\_\_\_\_\_  
**ACCOUNT HOLDER SIGNATURE**

\_\_\_\_\_  
**DATE**

**THE SECTION BELOW IS FOR MSEFCU EMPLOYEE USE ONLY**

NOTE: THE SPELLING & SPACING OF THE COMPANY NAME MUST BE ENTERED EXACTLY AS IT APPEARS ON THE HISTORY SCREEN WHEN PROCESSING YOUR (SP) TLR TRANSACTION.

COMPANY NAME: \_\_\_\_\_

COMPANY ID#: \_\_\_\_\_

\_\_\_\_\_  
PROCESSED BY (PRINT NAME & TLR #)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
TRANSACTION SEQ #

\_\_\_\_\_  
INDICATE THE SHARE#

**AUTHORIZATION TO RELEASE STOP**

I authorize Merced School Employees Federal Credit Union to release the ACH stop payment listed above.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_