



COLORAMO

FEDERAL CREDIT UNION

ACH Stop Payment Request

Type of Transaction: ACH/Electronic Funds Transfer

Service Fee: **\$30.00**

Merchant/Payable To Name:

Member Name:

Member Account Number:

ACH Description. I request the Credit Union to stop payment on the Preauthorized Electronic Funds Transfer (ACH) described above. I warrant that the above Type and Payee are correct. I understand that the EXACT information is necessary for Coloramo Federal Credit Union's (Credit Union) computer to identify the ACH. If I give the Credit Union the incorrect information, the Credit Union will not be responsible for failing to stop payment.

ACH/Electronic Funds Transfer. I understand that a request to stop the payment of an ACH/Electronic Funds Transfer will apply to the Merchant name. I understand all transactions made to Merchant listed above will be stopped regardless of the amount or date. I also understand if the Merchant changes their identifying number, transactions may process on my account, and I take personal responsibility to watch my account to verify no unauthorized transactions occur.

Stop Payment Requests. I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Request is received by the Credit Union:

1. Within a reasonable time for the Credit Union to act on my request prior to final payment or similar action.
2. At least three (3) business days before the scheduled date of an ACH/Electronic Funds Transfer.

I understand that my Stop Payment Request is conditional and subject to the Credit Union's verification that the ACH has not already been paid or that some other action to pay the ACH has not been taken. I understand that my Stop Payment Request will be effective as marked below in Stop Payment End Date section. I also agree to notify the Credit Union promptly upon the issuance of any duplicate ACH which replaces the ACH subject to this request or upon return of the original ACH. I agree to pay the Credit Union a stop payment fee for each request as set forth above.

Indemnification. I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment on the ACH, including claims of any joint owner, payee, or in failing to stop payment of an ACH as a result of incorrect information provided by me.

This Stop Payment Request is subject to the Uniform Commercial Code as adopted by the State where the Credit Union's main office is located, by automated clearinghouse rules and by other local clearinghouse rules.

Stop Payment Dates *(Stop Payment may not exceed 6 months)*

Stop Pay Start Date:

Stop Pay End Date:

Reason for Stop Payment:

Member Signature

Date

Member Signature

Date

Team Member Taking Request: