

ACH stop payment request form



Member Name: _____

Account Number: _____

You are hereby directed to attempt to stop payment on the following item(s):

Amount: \$ _____

Company: _____

Last Debit Transaction Date: _____

STOP PAYMENT FOR THE PERIOD OF: _____ AND _____
(start date) (end date)

I understand the stop payment must be made no later than three (3) business days prior to the next incoming debit.

I understand the stop payment only becomes effective after three (3) business days.

EXAMPLE: When a stop payment is taken on a Thursday, it will not become effective until the following Tuesday (holiday not withstanding). If the debit is received within those three (3) business days, the item must be honored.

I understand that this stop payment is only valid for stopping debits from the company indicated herein, for the period specified above.

Should the same debit be presented for payment after the release date (specified above), the item will be honored.

I understand the 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 specifications outlined in the contract. I understand that if this is not signed and returned within (14) days, the stop payment will not be honored, and will be considered cancelled.

I acknowledge receipt of a copy of the Stop Payment Request and accept and agree to the terms thereof. I understand that I will be charged **\$25.00** for the processing of EACH stop payment processed.

Signature

Date

(_____) _____
Mobile Phone Number

(_____) _____
Home Phone Number

(_____) _____
Work Phone Number