



**STOP PAYMENT REQUEST – ACH DEBIT – CONSUMER**

|   |    |   |  |                               |    |
|---|----|---|--|-------------------------------|----|
| <b>Account Number:</b>  |    | <b>Share ID:</b>                          |  | <b>Date Requested:</b>        |    |
| <b>Reason for Stop Payment:</b>   |    |   |  |                               |    |
| <b>ACH Item Information</b>   |    |   |  |                               |    |
| <b>Merchant Name:</b>   |    |   |  |                               |    |
| <b>Amount of Item:</b>  | \$ | <b>Check #<br/>(if converted to ACH):</b> |  | <b>Expected Posting Date:</b> |    |
| <b>I understand there is a Stop Payment Service Fee for processing this request in the amount of:</b>   |    |   |  |                               | \$ |
| This service fee should be withdrawn from the account noted below:<br>Savings Account/Share ID #: _____ <b>OR</b> Checking Account/Share ID #: _____. |    |   |  |                               |    |
| I hereby request a Stop Payment Order on the above ACH item.  |    |   |  |                               |    |
| <b>Member Name:</b>   |    |   |  | <b>Phone Number:</b>          |    |
| <b>Member Signature:</b>  |    |   |  | <b>Date Signed:</b>           |    |
| <b>Employee Name:</b>   |    |   |  | <b>Date Received:</b>         |    |

**CHOOSE ONE:**

**Stop Single Entry** – The Stop Payment Order will remain in effect until (1), one payment of the debit entry has been stopped, or (2) until you provide written notice to release the Stop Payment Order. Notify the Originator that a stop payment was placed on a single entry and direct them to continue the recurring payments.

**Stop Recurring Entries** – The Stop Payment Order will remain in effect until such payment has been stopped or until you provide written notice to release the Stop Payment Order. At our discretion, we may require a copy of the written revocation you provided the Originator. The projected expiration date of the account block is \_\_\_\_\_. We will verify that the Originator has stopped transmitting the recurring entry prior to the expiration and if they have not, we will extend the stop payment and direct you to contact the Originator again.

I understand a Stop Payment Order must be received in time to allow the Credit Union a reasonable opportunity to act on it prior to acting on the debit entry. To be effective, the Stop Payment Order must also sufficiently identify the payment. ***If the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order or the Stop Payment Order will lapse.*** I understand that if I authorize another payment to this company for any amount, I must advise the Credit Union to prevent return of the newly authorized entry. The Credit Union is not responsible for posting or return errors caused by insufficient or inaccurate information.

By requesting this Stop Payment you further agree to hold the Credit Union harmless for the amount of the item identified, and for all expenses and costs incurred by us on account of refusing payment of said item. Further, you reaffirm the terms and conditions set forth in the Membership Account Agreement, which is incorporated herein by reference.

*Completed forms can be returned by fax, mail, or be hand delivered to one of our branches.*

**Georgia Heritage Federal Credit Union • PO Box 1920 • Savannah, GA 31402 • Phone 912-236-4400 • Fax (912) 629-4055**