

## **ACH STOP PAYMENT FORM**

PLEASE COMPLETE THIS FORM TO PLACE AN **ACH STOP PAYMENT** ON THE **PREVIOUSLY AUTHORIZED** ELECTRONIC FUNDS TRANSFER SHOWN BELOW. COMPLETING THIS FORM WILL NOT RE-CREDIT FUNDS TO YOUR ACCOUNT BUT WILL CAUSE A STOP PAYMENT TO BE PLACED ON A **FUTURE** DEBIT FROM THIS COMPANY. MUSKEGON FEDERAL CREDIT UNION MUST RECEIVE THIS SIGNED, COMPLETED FORM AND \$20.00 FEE FOR THIS STOP PAYMENT TO BE PLACED. THERE IS NOT A FEE TO STOP AN EXISTING STOP PAYMENT ORDER.

NEW STOP PAYMENT ORDER     CANCEL EXISTING STOP PAYMENT ORDER

MEMBER NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ACCOUNT NUMBER W/SUFFIX \_\_\_\_\_

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

EXACT DOLLAR AMOUNT OF DEBIT  
FOR TEMPORARY STOP PAYMENT \_\_\_\_\_

SELECT ONLY **ONE** OF THE FOLLOWING:

PLACE A **PERMANENT STOP PAYMENT** ON ANY FUTURE ACH AMOUNTS FROM THIS COMPANY NAME. PHONE-CODE WORD CAN BE USED FOR A PERMANENT.

PLACE A **TEMPORARY STOP PAYMENT** ON THE ACH DEBIT AMOUNT FROM THIS COMPANY NAME. MAXIMUM PERIOD OF 6 MONTHS FOR A TEMPORARY STOP PAYMENT. MEMBER MUST SIGN FOR A TEMPORARY STOP PAYMENT.  
START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

STOP PAYMENT FEE: **\$20.00**

CHARGE MY ACCOUNT # \_\_\_\_\_ FOR THIS STOP PAYMENT FEE.

I UNDERSTAND THAT IT IS NECESSARY TO PROVIDE THE CORRECT INFORMATION RELATED TO THE TRANSACTION AND THAT FAILURE TO DO SO MAY RESULT IN THE PAYMENT OF THE ABOVE ITEM. I UNDERSTAND THAT THIS 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 THE SPECIFICATIONS OUTLINED IN THE CONTRACT I COMPLETED WITH THIS COMPANY. BY DIRECTING MFCU TO STOP PAYMENT ON THIS ITEM, I AGREE TO HOLD MFCU HARMLESS AGAINST ANY AND ALL LOSS, CLAIMS, DAMAGES AND COSTS, INCLUDING COURT COSTS AND ATTORNEY'S FEES THAT ARE INCURRED AS A RESULT OF MFCU HAVING ACTED ON THIS STOP PAYMENT REQUEST.

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***FOR CREDIT UNION USE ONLY***

RECEIVED BY TELLER & FEE PAID \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

TELLER WHO PLACED OR CANCELLED STP \_\_\_\_\_ DATE \_\_\_\_\_