Automated Clearing House (ACH) Stop Payment Request

Member Names(s): _____   Date: _____

Address: _____

Phone Number - Home/Cell _____   Work _____

Account Number: _____   Type of Account: _____

ACH Stop Payment (R08)

Check One: ☐ One Single ACH Payment   ☐ Multiple Specific ACH Payments*   ☐ All Future ACH Payments*

Originating Company Name: _____

Amount: $ _____   Date Payment is to occur: _____   Date of last payment: _____

1. I have truthfully and correctly completed the corresponding section(s) of this form indicating the type of ACH transaction pertaining to my request.

2. I have made this request voluntarily, and for the purpose of stopping the payment of the described amount.

3. I agree to reimburse Community South Credit Union (the "Credit Union"), for any amount of money credited to me plus any costs and losses incurred by the Credit Union as a result of my making this request to the Credit Union, if it is found that I have made any material mistakes or misrepresentations in this statement.

4. This request shall be conclusively deemed to have been received too late to be effective if the Credit Union has certified, paid, irrevocably settled for or become accountable for the amount of the item/ACH debit as provided by law.

5. This request is not affective for 24 hours after receipt by the Credit Union and is not binding unless all information supplied by me/us is correct. In no event shall the Credit Union be liable for paying an item/ACH debit on the same date the request is received by the Credit Union. The Credit Union must receive request to stop an ACH debit attempt at least (3) business days prior to the date of debit.

6. Where the stop payment order applies to more than one debit entry, the order will remain in effect until all such entries have been stopped. Exception: If placed as a One-Time Stop Payment on a specific dollar amount the expiration date will be set after one payment cycle.

7. No withdrawal or cancellation of this request shall be valid unless in writing and processed by the Credit Union.

8. My account will be charged with the cost of processing this request in accordance with the Credit Union's schedule of fees now in effect.

9. I agree that if requested, I will revoke any previous authorization given to the Originator in the manner specified in the agreement between me and the Originator. **Upon request, I will provide a copy of the revocation to the Credit Union. If the Credit Union does not receive a copy of the revocation within 14 business days after said request, the Credit Union may honor subsequent debits from the Originator against my/you account. ***

10. The Credit Union and the requestor/undersigned hereby agree to abide by the rules and regulations as outlined in the Uniform Commercial Code governing Stop Payment orders and the "NACHA" rules governing ACH revoked debits.

I further state that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me, I have carefully reviewed this form in its entirety, and that the signature below is my own proper signature.

_____
Primary Member Signature & Date

_____
Joint Owner Signature & Date (if applicable)

_____
Staff Member Taking Request

FOR CREDIT UNION USE ONLY	
☐ Stop Payment Set-Up	
☐ Fee Taken	**Bookkeeper Initials**
☐ Enote Account	_____
☐ Stop Payment Log	**Date**