



# ACH Stop Payment Order

Place order                       Remove order

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Account number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Member Name: \_\_\_\_\_ Expected Clearing Date: \_\_\_\_\_

Payable to: \_\_\_\_\_ Transaction Amount \$: \_\_\_\_\_

**Stop One ACH Payment**

On the terms hereinafter set out, the undersigned account holder hereby instructs SECU to stop payment on the above transaction. The stop payment order shall remain in effect until the item has been returned or written notice is received from the account holder requesting the stop payment be released.

**Stop Payment for Recurring ACH**

On the terms hereinafter set out, the undersigned account holder hereby instructs SECU to stop payment on the above transaction.

The account holder authorized \_\_\_\_\_(company name) to originate one or more ACH entries to debit funds from the above account, but on \_\_\_\_\_,20\_\_\_\_, revoked that authorization by \_\_\_\_\_,20\_\_\_\_ in the manner specified in the authorization.

A charge, as reflected, will be assessed to the account holder as payment for this request \$20.00.

By directing SECU to stop payment on the above transaction, the account holder agrees to hold SECU harmless against any and all loss, claims, damage, and cost including court cost and attorney's fees, that SECU may suffer of incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instruction or expiration thereof.

The account holder understands that the stop payment must be received at **least three (3) business** days before a scheduled debit and in time to give SECU reasonable time to act upon it. The account holder also understands 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 further state that the debit transaction was not originated with fraudulent intent by me and any person acting in concert with me, and that the signature below is my own proper signature.

\_\_\_\_\_  
Date                      Account holder signature                      Print name

\_\_\_\_\_  
Date                      Operations representative signature                      Print name

**FOR FINANCIAL INSTITUTION USE ONLY:**

Signed Stop Payment Request Form Received on \_\_\_\_\_ By \_\_\_\_\_