



ACH STOP PAYMENT REQUEST

▶ Use this form to request the stop of future ACH withdrawals.

- Completed form must be received by MFCU (5) business days prior to expected transaction.

Credit Union Use Only
Date Received:
Received By:

1. Member Information

Name:	14 Digit MICR Number:	Phone:

2. ACH Stop Information

Amount:	Any Amount?	Payee Company Name :	Company ID#

3. ACH Stop Option

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box.

I wish to stop all future payments from this originator indefinitely.

I wish to stop the next payment only. Future entries from this originator are to be paid, unless an additional stop payment request is provided to Malheur Federal Credit Union with sufficient notice.

I wish to stop a series of payments. Identify the payment dates, or months, of the specific payments from the originator you wished stopped below.

Expiration date:

▶ A processing fee may be assessed for this stop. This fee will be withdrawn from the account listed above.

Fee Assessed:

4. Disclosures & Agreements

An ACH Stop Payment Request must be received by Malheur Federal Credit Union ("MFCU") within the deadline(s) listed above. MFCU will not be held liable if deadline(s) are not met. Additionally, MFCU will not be held liable for errors or delays caused by extenuating circumstances, including, but not limited to, invalid or insufficient information, and actions or policies of other parties involved in the transaction. Additional terms and agreements apply, including, but not limited to MFCU member agreement.

By signing below, you:

- 1) Warrant and represent that the transaction being stopped was not initiated with fraudulent intent by you or by any person acting in concert with you, and
- 2) Warrant and represent that all information you provided herein is true and correct, and
- 3) Warrant and represent that you are either (i) the owner of the account identified above, or (ii) an authorized signer or have corporate authority to act on such account, and
- 4) Attest that you have read and agree to the information provided here, understand the action you are requesting, agree to hold harmless MFCU for any and all ramifications of the action, and understand that the sole form of notification of the transaction(s) will be your periodic statement.

Print Name:	
MEMBER SIGNATURE	DATE
X	

Credit Union Use Only			
Processed by:		Date:	Scan after processing: Synergy>Review Template>Member Records>ACH Stop Payment