



# ACH STOP PAYMENT REQUEST FORM

P.O. Box 8929 • Stockton, CA 95208 • 209-235-1100 • Fax 209-235-1121 • [www.PremierCCU.org](http://www.PremierCCU.org) • [info@PremierCCU.com](mailto:info@PremierCCU.com)

Member Name:		Member Number:		Date:	
Originating Company Name:		Originating Company ID:		Transaction Amount: (OR <input type="checkbox"/> Any Amount)	
				Check Serial Number: (only for check-related debit entries)	

For pre-authorized entries, three banking days advance notice prior to the expected transfer date of the entry is required to implement the stop payment request. If the stop payment order is received within three banking days of the expected transfer date, the financial institution will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided.

\_\_\_\_\_ (Account Holder Initial Here)

For all other ACH entries, the stop payment request must be provided to Premier Community Credit Union in a timeframe that allows reasonable opportunity for us to act on the request prior to acting on the ACH Entry.

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 entry(ies). The account holder agrees to hold harmless and indemnify Premier Community Credit Union for all expenses, costs, and damages, including attorneys' fees and costs, incurred by the payment of the above item if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly.

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

- I wish to stop the next payment only  
(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order)
- I wish to stop a series of payments  
Identify the payment dates, or months, of the specific payments from the Originator you wish stopped:  
\_\_\_\_\_
- I wish to stop all future payments from this Originator indefinitely
- I have terminated my authorization with this Originator  
(Note: you will be required to complete a Written Statement of Unauthorized Debit prior to the re-crediting of your account for any transactions already posted that you wish returned)

If you designated a stop of the next payment only, the stop payment order will remain in effect until the earlier of (1) the return of the debit entry, (2) the withdrawal of the stop payment order by you or, if applicable, another authorized account holder for the designated account.

**A fee will be assessed to the account holder as payment for implementing this order:**

Fee Assessed: \$\_\_\_\_\_ (See Current Fee Schedule)

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers as indicated above. Unless the account holder's signature below, the request was orally made and shall not be binding on Premier Community Credit Union beyond 14 days from the date of this form unless confirmed in writing by the account holder within the 14 day period.

I am an authorized signer, or otherwise have authority to act, on the account/share identified in this statement. I attest that the debit transaction(s) was/were not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that information provided on this statement is true and correct and that the signature below is my own proper signature.

Member Signature (required):		Date:	
<b>CREDIT UNION USE ONLY</b>			
Stop Payment processed by (Print Employee Name) and Date:		Sent to Support Services on Date:	
Support Services reviewed by: (Print Employee Name)		Review Date:	