



ACH Stop Payment Request Form

Account / Transaction Information

Account Holder Name _____
 Account Number _____ Account Type _____
 Today's Date _____ Expected Clearing Date _____
 Payable To _____ Amount \$ _____

Stop Payment for One Payment - Terms and Conditions (Required for any debit transaction that began as a check)
 On the terms hereinafter set out, the undersigned account holder hereby instructs Clearview Federal Credit Union®, to stop payment on the above transaction. The stop payment order shall remain in effect until written notice is received from the account holder to revoke the stop payment order or until payment of the entry has been stopped, whichever occurs first.

Stop Payment for Recurring Payments - Terms and Conditions (Required for any debit transaction that began web based or as an authorization form)

On the terms hereinafter set out, the undersigned account holder hereby instructs Clearview Federal Credit Union, to stop payment on the above transaction(s).

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account but, on _____ (date of notification) revoked that authorization either by 1) notifying _____ (company name) in the manner specified in the authorization or 2) intending to notify the company named.

I, the account holder, understand that a stop payment cannot be placed on debits that have already posted to my account. I also understand that the stop payment request must be received at least three (3) business days before the scheduled debit(s) or in time to give the Credit Union reasonable time to act upon it.

I also understand that it is necessary to provide the correct information related to the transaction(s) and failure to do so may result in the payment of the item(s) listed. I agree to hold harmless and indemnify Clearview Federal Credit Union for all expenses, costs and damages incurred by payment of the item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or failure to furnish information completely, accurately and correctly.

I understand that Clearview Federal Credit Union cannot identify and therefore attempt to stop an ACH payment if the originating company name is different from the name shown above.

Date: _____ Member Signature: _____

Daytime Contact Phone Number: _____

Date: _____ Clearview Representative: _____

Please note: A \$25 fee will be assessed at the time of the request. The funds must be available in your account. Send completed form to:

**ACH Department
 Clearview Federal Credit Union
 8805 University Blvd.
 Moon Township, PA 15108
 Fax: 412-299-6034 Phone: 1-800-926-0003 Ext. 6049**

