



# Clearview®

## ACH Stop Payment Request Form

### Account/Transaction information

Today's date

Member name

Clearview account number

Savings or Checking

Expected clearing date

Payable to

Amount  
\$

### Stop Payment for One Payment

The stop payment order shall remain in effect until \_\_\_\_\_ (date).

#### Terms and Conditions

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, or the expiration for stop payment has been reached, whichever occurs first.

### Stop Payment for Recurring Payments

#### Terms and Conditions

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 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 therefor attempt to stop an ACH payment if the originating company name is different from the name shown above.

Member signature

Date

Phone number

Clearview Representative

Date

**Please note: A \$30 fee will be assessed at the time of the request. The funds must be available in your account.**

**Send completed form to:**

Automated Payments Solutions  
Clearview Federal Credit Union  
8805 University Boulevard, Moon Township, PA 15018  
t: 1-800-926-0003 • f: 412-693-7324 • [payments@clearviewfcu.org](mailto:payments@clearviewfcu.org)