



200 North 16th Street
P.O. Box 7480
Philadelphia, PA 19101-7480

toll-free 800.806.9465
locally 215. 569.3700
fax 800.705.9069
mail@sb1fcu.org
www.sb1fcu.org

STOP PAYMENT REQUEST ORDER (ACH) (\$15 fee)

Member Name _____

Member Number _____

Transaction Amount _____

Company/Party Debiting Account _____

Check Serial No.(s) _____ Expected Clearing Date _____

___ Stop One ACH Payment – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs Sb1 Federal Credit Union, to stop payment on the above transaction. The stop payment order shall remain in effect 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until the payment of the entry has been stopped, whichever occurs first.

___ Stop Payment for Recurring Transactions – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs Sb1 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, 1) but on _____, 20____, revoked authorization by notifying _____ (company name) in the manner specified in the authorization; or 2) will be notifying _____ (company name) on _____, 20____ in the manner specified in the authorization.

The account holder agrees to provide Sb1 with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If Sb1 does not receive the required written confirmation, then it will honor subsequent debits to the account.

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

The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) 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.

I further state that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Member Signature _____

Date _____