

ACH Stop Payment / Written Statement of Unauthorized ACH Debit (check only one)

1. I request to stop withdrawals in the amount of \$ _____ until _____.
Withdrawals may resume after that date. (R08) Fee applies. Waive fee: YES NO

2. I request to stop withdrawals permanently. I understand I will need to notify HVCU if I resume authorization. (R08)
Waive fee: YES NO

3. I revoked authorization as specified in the original agreement on _____. Therefore, the withdrawal in the amount of \$ _____ that posted on _____ should be returned.
(transaction must have posted after the authorization was revoked). (R07)

4. The withdrawal/deposit that posted on _____ for \$ _____
 and posted on _____ for \$ _____
 and posted on _____ for \$ _____
 and posted on _____ for \$ _____ was not authorized by anyone authorized to use my account. I request to stop all withdrawals/deposits from this company. (R10) or (R23)

5. The withdrawal/deposit that posted on _____ for \$ _____ was not authorized by anyone authorized to use my account. I wish to allow future withdrawals/deposits from this company. (R10) or (R23)

6. The withdrawal that posted on _____ in the amount of \$ _____ is different from the amount authorized of \$ _____. I understand the entire transaction will be returned. (R11)

7. The withdrawal that posted on _____ in the amount of \$ _____ was earlier than authorized. The withdrawal should have occurred on _____. I understand the entire transaction will be returned. (R11)

8. The withdrawal from _____ in the amount of \$ _____ was processed twice and should be returned. (R10)

9. The company presented both the original check # _____ and an ACH check for payment. (R37 or R53)

10. I opted out of electronic check conversion or notice was not provided to me that my check would be converted. Therefore, the withdrawal in the amount of \$ _____ that posted on _____ should be returned. (R11 or R51)

11. I authorized the withdrawal on _____ in the amount of \$ _____. However, the originating company has not received my payment. (R11)

Cancellation of Stop Payment / Reinstatement of Authorization

I previously stopped the company from debiting my account and now authorize payments to resume.

I assert that I have the authority to act on the referenced account and this statement is true and correct. The debit above was not originated with fraudulent intent by me or any person acting in concert with me.

Signature

Date

Printed name

Contact Phone Number

Branch / CC completed by : Op number

Initials

For Credit Union Use

Payment Services

For options 1, 2, 3 or 4, load a stop payment. For cancellations of stop payments, expire the stop payment.

Reviewed form/Episys Credited account (if applicable) Returned transaction (if applicable)