

25 Porter Road, Suite 100 Littleton, MA 01460 www.hfcu.org | 800.656.4328

ACH STOP PAYMENT REQUEST

Name:	Member Number:	
Daytime Phone:	Email Address:	

Please complete this form to place an ACH Stop Payment on the previously authorized electronic funds transfer shown below. This stop payment must be made no later than three (3) business days prior to the next incoming debit from this company. Completing this form will not re-credit funds to your account but will cause a stop payment to be placed on a future debit from this company. Hanscom Federal Credit Union must receive this signed, completed form for a stop payment to be placed. A \$25.00 fee (per ACH stop payment request – one form per request) will be charged to your account listed below and must be collected prior to the stop being placed. This stop payment order will remain in effect until the earlier of (1) the withdrawal of the stop payment order by you, or (2) the Return of the Debit Entry, or, where a stop payment order is applied to more than one Debit Entry under a specific authorization involving a specific Originator, the Return of all such Debit Entries. Do not use this form to dispute any Hanscom Federal Credit Union plastic card transactions.

	NEW STOP PAYMENT ORDER			
ACH Debit is being deducted from: 🛛 Checking Suffix #: 🎝 Savings Suffix #:				
Comp	any Name			
Descri	iption of ACH Debit			
Amou	nt of ACH Debit \$ Date this item was last deducted from account			
SELE	ст Оле			
	Please place a Permanent Stop Payment on any future ACH amounts from this company name and description.			
	Please place a Permanent Stop Payment on the exact amount of this debit from this company name and description.			
	Please place a One-Time Stop Payment on the ACH Debit amount below from this company name and description.			
	The exact amount of the ACH Debit \$ Date for One-Time Stop Payment to Expire			

I understand that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. I understand that this stop payment does not cancel or change the contract I have with the originating company. To cancel that contract and terminate my pre-authorization debit, I must follow the specifications outlined in the contract I completed with this company. By directing Hanscom Federal Credit Union to stop payment on this item, I agree to hold Hanscom Federal Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of Hanscom Federal Credit Union having acted on this Stop Payment Request. I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own signature. If requested by the Originating Depository Financial Institution (ODFI), I agree that a copy of this statement may be provided. I assert that I am an authorized signer and/or have the authority to act on the account.

Signature:	Date:AAte:			
For Credit Union Operations Use				
Member # If applicable	e, ACH Debit Amount \$	Date last debit posted to account		
Company Name:	Company	Description:		
Company ID for ACH Item	ACH Ind. Name	Standard Entry Class Code		
Stop Pmt Reason Code: R08 > Stop in XP2 \Box Yes \Box No > If Yes, expiration date:		te: > Cancel Stop in XP2 🖵 Yes 🔲 No		
Date Stop/Deletion Processed in XP System:	Operations Er	mployee:		
Please bring this completed form to a local branch; or				
Mail to Hanscom Federal Credit Union		Completed by Member Service Representative		
Operations Department 25 Porter Road, Suite 100 Littleton, MA 01460-1434; or		Date Teller/Operator #		
Fax to Operations at 978.952.8533		Employee Name:		
Federally Insured by NCUA Updated 12/2020				