



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

CANCEL EXISTING STOP PAYMENT ORDER

Transaction Information:

_____ \$ _____
 Account Suffix Date of Last Debit Amount of Debit Company or Party Debiting the Account

SELECT ONE

- 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.
 Exact amount of the ACH Debit \$ _____
- Please place a **One-Time Stop Payment** on the ACH Debit amount below from this company name and description.
 One-Time Stop Payment Expiration Date: _____

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: _____

FOR CREDIT UNION OPERATIONS USE

Company Name: _____ Company ID No.: _____ ACH Ind. Name: _____
 Standard Entry Class Code: _____ Placed Stop Pymt, expiration date: _____ Canceled Stop Pymt
 Operations Employee: _____ Date Processed: _____

Please bring this completed form to a local branch;
 or

Mail to Hanscom Federal Credit Union
 Operations Department
 25 Porter Road, Suite 100
 Littleton, MA 01460-1434; or

Fax to Operations at 978.952.8533

Completed by Member Service Representative

Date: _____	Operator # _____
Employee Name: _____	