



**Cal State L.A.
Federal Credit Union**

ACH Stop Payment Form

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

Please return completed form to the Credit Union not less than three business days before your next scheduled electronic payment is to be made.

Member Information:

Account Holder Name:

Account Number:

Phone:

Transaction Information:

Originating Company Name:

Transaction Amount: \$ _____ OR Any amount

Frequency:

Date of Next Scheduled Payment:

Check Serial Number: (only for check related debit entries)

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:

- I wish to stop a single ACH payment on the next scheduled electronic payment identified above. Stop payment on the next scheduled ACH payment identified above. I understand that this stop payment applies only to the next scheduled payment and the Credit Union cannot guarantee the prevention of a payment that was "stopped" from being resubmitted by the originator and the amount debited from my account.
- I wish to stop all future payments from this Originator. (Stop payment will be in place for 6 months) I hereby revoke authorization of all electronic payments authorized by me from the originator identified above starting with the next scheduled electronic payment. I understand that this revocation applies to each electronic payment from the originator beginning with the next scheduled payment.
- I wish to stop a series of payments. Identify the payment dates, or months, of the specific payments from the Originator you wish stopped:

A fee will be assessed to the account holder as payment for implementing this order.

Fee Assessed: \$ _____ (\$29 per item. Fee accurate as of Jan 31, 2012 , subject to change)

I understand that if I do not supply the Credit union with complete and accurate details regarding the check(s) I wish to stop, this stop payment order may not be effective. I agree that the Credit Union shall not be liable for payment of any debit in the event the information I provide on this form is, in any manner, not complete or accurate. Verbal stop payment orders remain in effect for fourteen (14) days unless confirmed in writing. Written stop payment orders remain in effect for six (6) months. I understand that for ACH stop payment orders to be effective, my stop payment order must be received by the Credit Union no less than three (3) business days or more before the next scheduled electronic payment is to be made. If my stop payment order is not timely or if the Credit Union is otherwise compelled to make the scheduled electronic payment, I agree that the Credit Union shall be entitled to charge my account for the amount paid and such charge shall stand regardless of whether I am entitled to recover from the Credit Union on account thereof, and my remedy shall be to prove and recover only such actual damages that may be suffered by me in connection with the Credit Union's payment of the item. I also understand that this stop payment order does not cancel or change the contract I have with the Originator. To cancel all future transfers, I understand that I must cancel the contract with the Originator and terminate my pre-authorized electronic payments by following the procedure outlined in my contract with the Originator. I must also supply the Credit Union with a copy of the letter I send to the Originator to terminate my pre-authorized payment(s).

I understand that if the same electronic debit is presented for payment after this stop payment order expires, the item will be honored. I agree to indemnify the Credit Union against any and all liability, loss, costs, damages, attorneys' fees, and other expenses, including, but not limited to, any amount the Credit Union is obligated to pay on the item that the Credit Union may sustain or incur as a consequence of honoring this stop payment order. The Credit Union will charge me a stop payment fee for each stop payment order I give.

I acknowledge receipt of a copy of this Stop Payment Confirmation Form and accept and agree to the terms hereof.

Member Signature: _____ **Date:** _____

For financial institution use only: Instructions Received by: _____ Date: _____ Time: _____ Stop Placed: _____