



ACH Stop Payment Request

PRIMARY OWNER INFORMATION

Name: _____ Account Number: _____

ACH DEBIT INFORMATION

Company Name: _____

Company ID: _____ Date Debit Last Posted: _____

Amount (leave blank if stopping all amounts): \$ _____

Permanent Stop One-Time Stop Temporary Stop Expiring on: _____

PLEASE READ TERMS AND CONDITIONS BEFORE SIGNING

I understand that my Stop Payment Request is conditional and subject to Avenir Financial Federal Credit Union's ("the Credit Union") verification that the item has not already been paid or that some other action to pay the item has not been taken. I further understand that my Stop Payment Request is subject to the following limitations: a) an oral stop payment request is effective for a period of 14 days from the date of this request and b) a written request remains in effect unless I withdraw the request. I also agree to notify the Credit Union promptly upon the issuance of any duplicate items that replaces the item subject to this request or upon return of the original item. I agree to pay the Credit Union a stop payment fee for each request as set forth above. I understand that this stop payment is only effective on the company ID associated with the transaction listed above and will not stop any debits from any other company ID.

I have read and accept the terms and conditions. I further depose and certify that the transaction described above 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 that the foregoing is true and correct.

Signature: _____ Date: _____

FOR CREDIT UNION USE ONLY

Avenir Employee Signature: _____ User ID: _____

If completing this form outside of KeyStone, scan the completed document to FASTdocs.

