



California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513

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Phone (818) 246 - 7241

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website: sdacreditunion.com

ACH STOP PAYMENT REQUEST

Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Originating Company Name : \_\_\_\_\_

Transaction Amount:  \$ \_\_\_\_\_ or  All Transactions for Any Amount

Check Serial Number: \_\_\_\_\_ (only for check-related entries)

For pre-authorized entries, three business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy the request of the account holder but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three-business day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question.

\_\_\_\_\_ Please Initial to indicate your understanding of the terms state above.

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

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

I wish to stop all future payments from this Originator indefinitely.

I wish to stop the next payment only (Future entries from this Originator are to be paid unless I provide you with an additional stop payment order.)

I wish to stop the series of payments I have indicated below: (Please identify the specific payment dates and amounts from the Originator that you wish to be stopped:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A **\$30 Stop Payment Fee** will be assessed to the account holder for **EACH STOP PAYMENT REQUESTED** in this order:

This form acknowledges that account holder's request to stop payment on pre-authorized electronics fund transfers as indicated above. The account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by the account holder or any person acting in concern with the account holder, and that the signature below is the account holder's own proper signature.

**MEMBER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**For Credit Union Use Only:**

Instructions received by : \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_