

PEOPLE DRIVEN CREDIT UNION
ACH STOP PAYMENT REQUEST

(This Form is NOT for Visa Debit Card Recurring Payments)

Date of Request _____ Account Number _____

Account Holder Name _____

Company Name _____ Date Expected _____

Amount (if known) \$ _____ Stop Payment Fee \$ _____

For ACH debit: I would like the above payment stopped one time. The signed stop payment order will remain in effect for **14 days** or **until the ACH debit entry is returned**, or until the stop payment order is withdrawn in writing.

For consumer only: I would like to **permanently** stop payment on all ACH debits to the Originator listed above. The signed stop payment order will remain in effect until the stop payment order is withdrawn in writing or, where this order applies to more than one debit entry relating to the specific Originator identified above, the return of all such debit entries.

For business/non-consumer only: I would like to stop payment on the ACH debit to the Originator listed above. I understand **the signed ACH stop payment will remain in effect for six months**. If I wish to extend the stop payment I understand I must renew it in writing.

Stop Payment Terms and Conditions

I/we, the owner(s) of the account number listed above, instruct People Driven CU to stop payment on the above transaction(s). If I/we wish to extend the stop payment, I/we understand I/we must renew it in writing. I/we understand that placing a stop payment on an ACH debit does not cancel my authorization with the Originator. I/we understand that, by placing this stop payment request on the transaction(s) listed above that I agree to hold People Driven CU harmless against any and all loss, claims, damages and costs, including court costs and attorney's fees that People Driven CU may suffer or incur by reason of non-payment of the above transaction(s) if presented prior to withdrawal of these instructions, or the expiration thereof.

Timing of Stop Payment Order

I/we understand a stop payment order must be received by People Driven CU in time to allow People Driven CU a reasonable opportunity to act on it prior to acting on the debit entry; for pre-authorized ACH debit transactions, People Driven CU may require a minimum of three banking days' notice prior to the scheduled date of the transfer. To be effective, the stop payment order must sufficiently identify the payment. If this stop payment order is accepted orally and I am given notice that a signed confirmation is required, the signed confirmation must be received within fourteen (14) days of the initial oral order. Properly signed stop payment orders are effective for the period described above for the ACH debit(s) described above. By signing below I/we agree to all terms and conditions, of this Stop Payment Order. I am an authorized signer or otherwise have authority to act on the account identified in this statement.

Authorized Signature _____ **Date** _____

Cancellation of Stop Payment Order

Date _____ **Time** _____ **Authorized Signature** _____

For [Financial Institution] use only

Verbal Request received Date _____ **Time** _____ **by** _____

Written Request received Date _____ **Time** _____ **by** _____