



# University Credit Union ACH Debit Stop Payment Form

Members may use this form to revoke a previously existing authorization, stop a future payment for a specific debit or report unauthorized ACH transactions. Please check our Schedule of Fees and Charges if a fee will be charged for this service.

Complete and return the entire form online through this DocuSign program. We reserve the right to verify all information.

**ACH Authorization Revoked – Stop Payment(s) (R07)**

I had previously authorized an entry but have revoked authorization of the payment(s) with the originating Merchant/Business listed below. I will continue to monitor my account and notify University Credit Union within 60 days if any revoked ACH transactions have been made. (Note: The Credit Union cannot guarantee that future ACH debits will not post to your account, as merchants may change their Merchant/Business ID Numbers.)

LAST AUTHORIZED TRANSACTION DATE \_\_\_\_\_ DOLLAR AMOUNT \_\_\_\_\_

ORIGINATING MERCHANT/BUSINESS NAME \_\_\_\_\_

DATE I NOTIFIED THE ORIGINATING MERCHANT/BUSINESS \_\_\_\_\_

**ACH Stop Payment – Payment Stopped (R08)**

Stop the specified ACH transaction listed below which I previously authorized. I understand that University Credit Union must receive this form 3 business days prior to the scheduled transaction date. I agree that the Credit Union will not be held liable if I fail to submit it in a timely manner.

NEXT SCHEDULED TRANSACTION DATE \_\_\_\_\_ DOLLAR AMOUNT \_\_\_\_\_

ORIGINATING MERCHANT/BUSINESS NAME \_\_\_\_\_

TIME FRAME FOR STOP PAYMENT:  30 DAYS  6 MONTHS  OTHER \_\_\_\_\_

**Written Statement of Unauthorized Debit (R10)**

I hereby confirm that the following electronic ACH debit to my account was not authorized for the following reason.

- Has never been authorized by me
- Was authorized for a later date
- Was authorized for a different amount
- My check was improperly processed electronically
- Other (must specify) \_\_\_\_\_

PARTY DEBITING THE ACCOUNT (payee) \_\_\_\_\_

AUTHORIZED TRANSACTION DATE \_\_\_\_\_ AUTHORIZED DOLLAR AMOUNT \_\_\_\_\_

ACTUAL TRANSACTION DATE \_\_\_\_\_ ACTUAL DOLLAR AMOUNT \_\_\_\_\_

By signing this ACH Stop Payment Form, I acknowledge that the transaction(s) noted above were not properly authorized or that I have revoked a previously existing authorization in writing. I understand that, in the case of Authorization Revoked, University Credit Union may request that I provide a copy of my written instructions to the Originating Merchant/Business, terminating the authorization.

I agree that University Credit Union and/or any employee thereof shall NOT be held responsible or liable for acting on this request, for any inadvertence or error in transmitting the ACH debit(s), or for any changes in the rules or regulations governing any electronic transaction in accordance with NACHA. I further agree to pay the Credit Union any losses it may sustain as a result of following my instructions.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I confirm that the debit listed above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

NAME (Print) \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CREDIT UNION	Date Received:	<input type="checkbox"/> Change from Previous Form	Teller #:	Fee Charged: \$
USE ONLY :	Trace # :	Settlement Date:		(Rev. 8/13)