STOP PAYMENT REQUEST
ACH PAYMENT

Account Number:	Member Name:	Date Request Received:

To the **Wiregrass Federal Credit Union (WFCU)**:

You are hereby directed to attempt to stop payment on the following ACH (Automated Clearing House) debit from my account as described:

Originating Company Name: _____
Date of Transaction: _____ Transaction Amount: _____
(Or approximate date)
Check One:

This request is to stop an ACH item one time only.

This request is a permanent revocation of authority.

Reason for Return:

I agree that the WFCU will not be liable for paying a debit for 3 banking days from the date the stop payment request is received.

I understand that the Credit Union cannot identity and therefore attempt to stop an ACH payment if the originating company name is different from the name shown above.

I agree to indemnify the Credit Union against all liability, loss, costs, damages, fees of attorneys and other expenses, including but not limited to any amount the Credit Union is obligated to pay on the item, which the Credit Union may sustain or incur in consequences of honoring this Request to Stop ACH Payment.

I agree that the Credit Union must receive this form signed within 14 days of an oral request to stop payment. If the Credit Union does not receive it, the stop payment will cease to exist.

If this is a request for a ONE TIME STOP, I understand that the Credit Union cannot guarantee the prevention of a payment that was "stopped" from being re-deposited and debited from my account. The only guarantee is by revoking my authorization to the above payee.

If this is a request for REVOCATION OF AUTHORITY, I certify that I have revoked authorization with the Originating Company.

I verify that I am an authorized user on this account.

I acknowledge receipt of a copy of the Request to Stop Payment and accept and agree to the terms hereof. I understand there will be a $25.00 fee for each stop payment processed on my account as disclosed in the schedule of fees.

MEMBER SIGNATURE: _____ Date: _____

PLEASE MAIL THIS FORM TO: PO BOX 216, Dothan, AL 36302
OR FAX THIS FORM TO: 334-793-5674

Credit Union Use Only **Date Received: _____**

Date Stop Payment Placed: _____ **Employee Initials: _____**