



ACH DEBIT - MEMBER STOP PAYMENT REQUEST

FAX: 404-443-3178 EMAIL: eservices@apcu.com

ACCOUNT NUMBER _____

ACCOUNT NAME _____

MERCHANT NAME _____

CHECK NUMBER (If check converted to ACH) _____

DATE OF REQUEST _____ ANTICIPATED POSTING DATE _____

REASON FOR STOP PAYMENT _____

AMOUNT OF STOP PAYMENT _____

STOP PAYMENT FEE \$ 32.00

Stop Single Entry The stop payment order will remain in effect until (1) one payment of the debit entry has been stopped, or (2) until you provide written notice to release the stop payment order. Notify the Originator that a stop payment was placed on a single entry and direct them to continue the recurring payments.

Stop Recurring Entries The stop payment order will remain in effect until such payment has been stopped or until you provide written notice to release the stop payment order. I understand that the financial institution may require confirmation that I have revoked authorization with the Originator, and if I do not provide it within 14 days, the stop payment order will cease to be binding and subsequent payments will be allowed to post.

I understand a stop payment order must be received in time to allow the institution a reasonable opportunity to act on it prior to acting on the debit entry. To be effective, the stop payment order must also sufficiently identify the payment. If the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order. I understand that if I authorize another payment to this company for any amount, I must advise the financial institution to prevent return of the newly authorized entry. The financial institution is not responsible for posting or return errors caused by insufficient or inaccurate information.

Authorized Signature _____ Date _____

Verbal Request Rec'd Date _____ Time _____ By _____

Written Request Rec'd Date _____ Time _____ By _____