



Stop Payment Request for Member ACH Debit

Please complete this form to stop the payment of the Automated Clearing House (ACH) debit specified below from posting to your account. Please return this form in person, via mail or fax to (404) 443-3178. You may also return this form or ask questions via email at ach@apcu.com.

ACCOUNT NUMBER

ACCOUNT NAME

ORIGINATION COMPANY NAME

CHECK NUMBER (If check converted to ACH)

DATE OF REQUEST

ANTICIPATED POSTING DATE

REASON FOR STOP PAYMENT

AMOUNT OF STOP PAYMENT

OR ☐ Any amount.

APCU/Center Parc charges a fee for stop payments. Please refer to APCU/Center Parc's Fee schedule for the current fee.

☐ **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. ____ (Account Holder initial here.)

☐ **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.

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

Credit Union Use Only

Verbal Request Received

Date _____ Time _____ By _____

Written Request Received

Date _____ Time _____ By _____