aea Federal Credit Union

aeafcu.org | 928.783.8881

ACH Stop Payment Request

PRIMARY MEMBER INFORMATION

First Name: _____ Last Name: _____

Member Number: _____

ACH DEBIT INFORMATION

Company Name: _____ Company ID: _____

Date Debit Last Posted: _____

Amount (if you wish to stop all amounts, leave blank): _____

☐ Permanent Stop ☐ Temporary Stop. Expire on _____ ☐ One-Time Stop

Member Signature: _____ Date: _____

PLEASE READ TERMS AND CONDITIONS BEFORE SIGNING

I understand that my Stop Payment Request is conditional and subject to the Credit Union's verification that the item has not already been paid or that some other action to pay the item has not been taken. I further understand that my Stop Payment Request is subject to the following limitations: a) an oral stop payment request is effective for a period of 14 days from the date of this request and b) a written request remains in effect unless I withdraw the request. I also agree to notify the Credit Union promptly upon the issuance of any duplicate items that replaces the item subject to this request or upon return of the original item. I agree to pay the Credit Union a stop payment fee for each request as set forth above. I understand that this stop is only effective on the company ID associated with the transaction listed above and will not stop any debits from any other company ID.

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS. I FURTHER DEPOSE AND CERTIFY THAT THE TRANSACTION DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRAUDULENT INTENT BY ME OR ANY PERSON ACTING IN CONCERT WITH ME AND THAT THE SIGNATURE ABOVE IS MY OWN PROPER SIGNATURE. I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.

FOR CREDIT UNION USE ONLY

AEA FCU Employee Signature: _____ ***KeyStone User ID:*** _____

If completing this form outside of KeyStone, scan the completed document to FastDocs.