SECURITY SERVICE
FEDERAL CREDIT UNION

ACH Stop Payment Request

The following information must be completed to place an ACH stop payment:

(1)   Date of Request: _____

(2)   Member Name: _____

(3)   Member Account Number (from which ACH is made): _____
("Account")

(4)   Merchant/Party debiting account (as shown in Member's Statement):
_____ **("Originator")**

(5)   Date item last posted: _____

(6)   Amount of item last posted: _____

(7)   I want the following payment stopped **(PLEASE INITIAL ONLY ONE)**:

    (A)   I want to stop **one** (1) debit in the amount of $ _____ **(Dollar figure must be exact)**
         to the Account by the Originator. INITIALS _____

    OR

    (B)   I want to stop **all** debits to the Account by the Originator. INITIALS _____

(8)   **I understand a Stop Payment fee will be assessed to my account for placing the stop payment. For the specific amount, reference the Consumer/Business Fee Schedule.** Consumer stop payments are indefinite unless revoked in writing. Business stop payments are in effect for **6 months** unless renewed in writing. If the Originator's name or ID changes, SSFCU will not be able to block, as requested here, future attempts by the Originator to charge your Account. You must continue to monitor your Account. If such a charge is posted to your Account, please notify us. Generally, consumers have 60 days from the posting date of the transaction to have that transaction re-credited through the NACHA system, otherwise you will have to use the dispute procedures set forth in Regulation E. Generally, businesses have **24 hours** from the posting date of the transaction to have that transaction re-credited through the NACHA system, otherwise the business will have to pursue its remedies against the Originator or the Originating Depository Financial Institution. This ACH Stop Payment Request will not be processed if the form is not initialed and filled out correctly.

Member Signature: _____ Daytime Phone #: _____
Print Member Name: _____

Print Employee Name: _____

Teller Number: _____

Send form to Payment Services: Fax – (210) 476-4414.
On the IMI2 screen ACH debits have a Tran Code of 27 or 37.
At least one ACH entry must have posted in order to place a stop payment. Modified (2/2019)