



ACH STOP PAYMENT ORDER

Member Name: [] Account Number: [] Share ID: []

By signing below Member requests Technology Credit Union to stop the indicated ACH payment out of Member's Technology Credit Union account. Member agrees to pay the service charge indicated below. Member acknowledges the correctness of the date and time of the stop payment request indicated. This request must reach the Credit Union at least three days before the scheduled date of the payment to be stopped. If the Credit Union fails to stop the payment in spite of Member's complete, accurate and timely instructions, the Credit Union will be liable to Member for actual damages not to exceed the amount of the payment. The Credit Union will not be liable to Member for failure to stop the payment if Member fails to submit this request at least three days before the scheduled payment or fails to provide complete and accurate information regarding the payment and the payee. Member will reimburse Credit Union for any loss Credit Union sustains as a result of following Member's stop pay instructions.

Please select one:

- ONE-TIME STOP PAYMENT REQUEST.** This stop payment request applies only to the specific payment identified below. Payments other than the payment shown on this form will be made out of my Technology Credit Union account consistent with my agreement with the payee.

Amount: \$ [] Scheduled Payment Date: [] Payee Name: []

Member Signature: _____ Date: _____

- REVOKE/STOP ALL FUTURE PAYMENTS.** All future payments to the payee indicated, whether in fixed or varying amounts, will be returned unpaid. Member agrees to notify payee of Member's request to revoke this payment authorization.

Amount: \$ [] Scheduled Payment Date: [] Payee Name: []

Statement of Unauthorized Future Debit

I (the undersigned) hereby attest that I have reviewed the circumstances of the above electronic (ACH) debit to my account, I revoke the recurring payment authorization I have given to the entity to debit my account. This can include pre-authorized payments or deposits (PPD), international ACH transactions (IAT) or recurring internet-authorized entries (WEB).

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Member Signature: _____ Date: _____

This portion for Credit Union Use Only:

Service Charge: \$ [] Date of Request: [] Time of Request: [] Accepted by: []
