



P.O. Box 883
Oak Ridge, TN 37831-0883
enrichmentfcu.org

Stop Payment Authorization Form

Member Name:

Account Number:

Processed by :

Date/Time:

Fee:

Stop Payment Terms: Enrichment Federal Credit Union (EFCU) agrees to stop payment on the below referenced item(s) whereas the account holder(member) agrees to the following conditions. Stop payment requests can only be done by stopping a particular check number (for physical checks) or by company ID (for ACH withdrawals). In order for Enrichment Federal Credit Union to obtain a company ID, that company must have withdrawn from the members' account in the past. Any check stop payment order will remain in effect for 6 months. The member may renew this request after the 6 months has expired by completing a new "Stop Payment Authorization Form." An ACH Stop Payment never expires and remains in effect until the member removes it. By authorizing EFCU to stop payment on the below requested item(s), the member agrees to hold EFCU harmless against any and all loss, claims, costs, or damages, to include court costs and attorney's fees that may be incurred by reason of not paying the below transaction(s). The "Stop Payment Authorization Form" must be received at such a time and in such a manner as to afford EFCU a reasonable opportunity to act. We must receive your stop payment request at least two (2) business days before the draft is received or three (3) business days before the ACH is received for posting to your account. The term "business day" does not include any Saturday, Sunday, or federal holiday, even though our office may be open. EFCU will attempt to satisfy all requests, but will not be held liable if sufficient time was not provided. The member agrees that it is necessary to provide the correct information and that failure to do so may result in payment of the item described below.

Section A: Check (Share Draft) Stop Payment

Remove:

Check Number Start:

Check Number End:

Amount of Check:

Section B: ACH (Electronic) Withdrawal Stop Payment

Remove:

Company Name:

Company Id:

Single Stop:

Amount of Debit:

Date of Transaction:

Recurring Stop:

Section C: Statement

Choose one of the following:

- Revoked:** I authorized the above company to originate one or more ACH entries to debit from my account, but I revoked that authorization by notifying the company in the manner specified in the authorization.
- Unauthorized:** I did not authorize in writing or by any other means the above company to originate ACH transactions from my account at Enrichment Federal Credit Union.
- Other:**

I certify under penalty of perjury that the information provided is true and correct and that the transaction referenced above was not originated with fraudulent intent.

Member Name:

Daytime Phone:

Member Signature :

Date: