

**MUSKEGON FEDERAL CREDIT UNION – ACH STOP PAYMENT FORM**

Please complete this form to place an ACH Stop Payment on the previously authorized electronic funds transfer shown below. Completing this form will not re-credit funds to your account but will cause a stop payment to be placed on a future debit from this company. Muskegon Federal Credit Union must receive this signed request or phone request form and \$25.00 fee for this stop payment to be placed. There is not a fee to cancel an existing stop payment order.

**NEW STOP PAYMENT ORDER**                       **CANCEL EXISTING STOP PAYMENT ORDER**

Member Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Account Number with Suffix \_\_\_\_\_

Company Name \_\_\_\_\_

Company ID Number \_\_\_\_\_

If Company ID Number is 9500000000, a Stop Payment cannot be done using this form because it is Bill Pay. Member can call FiServ at 1-844-596-1781.

If more than one record with SAME Company Name:

Company ID Number \_\_\_\_\_

Company ID Number \_\_\_\_\_

Company ID Number \_\_\_\_\_

**SIGNED REQUEST**

Place a **STOP PAYMENT** on all future ACH amounts from this Company Name/Company ID.

**OR**

Place a **TEMPORARY STOP PAYMENT** on the ACH amount from this Company Name.

Exact Dollar Amount of Temporary Stop Payment \_\_\_\_\_

Date for Temporary Stop Payment to Expire (Maximum period of 6 Months) \_\_\_\_\_

**PHONE REQUEST**

Place up to a **14 DAY TEMPORARY STOP PAYMENT** on all ACH from this Co Name/Co ID.

Date for Temporary Stop Payment to Expire (Maximum 14 Days) \_\_\_\_\_

If member signs a new form before this Temp Stop Payment Expires, there is no additional fee.

**OR**

Place up to a **14 DAY TEMPORARY STOP PAYMENT** on the ACH amount from this Co Name.

Exact Dollar Amount of Temporary Stop Payment \_\_\_\_\_

Date for Temporary Stop Payment to Expire (Maximum 14 Days) \_\_\_\_\_

If member signs a new form before this Temp Stop Payment Expires, there is no additional fee.

**FEE \$25.00**

Charge my account number \_\_\_\_\_ for this Stop Payment Fee.

Paid Stop Payment Fee with Cash/Check.

I understand that it is necessary to provide the correct information related to the transaction and that failure to do so may result in the payment of the item above. I understand that this stop payment does not cancel or change the contract I have with the originating company. To cancel that contract and terminate my pre-authorization debit, I must follow the specifications outlined in the contract I completed with this company. By directing MFCU to stop payment on this item, I agree to hold MFCU harmless against any and all loss, claims, damages and costs, including court costs and attorney's fees that are incurred as a result of MFCU having acted on this stop payment request. I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me. If requested by the Originating Depository Financial Institution (ODFI), I agree that a copy of this statement may be provided. I assert that I am an authorized signer and/or have the authority to act on the account.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR CREDIT UNION USE ONLY	
RECEIVED BY TELLER & FEE PAID _____	DATE RECEIVED _____
TELLER WHO PLACED OR CANCELLED STP _____	DATE _____
IF REQ'D, TELLER WHO REMOVED UP TO 14 DAY TEMP STOP PAYMENT _____	DATE _____