

ACH Stop Payment Request



OFFICIAL USE ONLY

Date Received: ___/___/___ Initials & Teller #: _____

LGE STAFF: SCAN & EMAIL TO ACCOUNTINGASSOCIATES@LGECCU.ORG

Date of Request _____

Member Account Number _____

Anticipated Posting Date _____

Member Name _____

Stop Payment Terms: I understand a stop payment order must be received in time to allow LGE Community Credit Union (LGE) a reasonable opportunity to act on it prior to receiving the debit entry, usually three business days. To be effective, the stop payment order must also sufficiently identify the payment. LGE agrees to stop payment on the 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 number (for ACH withdrawals). In order for LGE to obtain a company ID number, that company must have withdrawn from the member's account in the past.

Merchant Name (Payee) _____

Reason _____

Select one (required):

- One time stop payment:** The stop payment order will remain in effect until (1) one payment of the debit entry has been stopped, or (2) until you provide written notice to release the stop payment order (whichever occurs first). Notify the originator that a stop payment was placed on a single entry and direct them to continue the recurring payments.
 - Exact Amount \$ _____

- Permanent Stop Payment:** The stop payment order will remain in effect until such payment has been stopped by the company or until you provide written notice to release the stop payment order. I understand that LGE may require confirmation that I have revoked authorization with the Originator, and if I do not provide it within 14 days, the stop payment order will cease to be binding and subsequent payments will be allowed to post.
 - Exact amount (or use \$0.00 to stop ALL transactions for this merchant) \$ _____

I hereby request a Stop Payment order on the above debit. I realize there is a **\$30.00 service fee** for this Stop Payment Request to be debited from my account. If the item is presented by a different method than I have indicated, the item may still be paid with no liability to LGE. If the order is accepted orally, written confirmation must be received within fourteen (14) days of the oral order or the stop payment order may be removed. I understand that if I authorize another payment to this company for any amount, I must advise LGE in writing in order to prevent the return of the newly authorized entry. LGE is not responsible for posting or return errors caused by insufficient or inaccurate information. In requesting the credit union to stop payment of this item, you agree to hold the credit union harmless for all expenses and costs incurred for non-payment of this item.

Signature _____ Date _____ Daytime Phone Number _____

For Accounting staff use only:

Company Name: _____ Company ID: _____ Date: _____

You may present this form in person at any LGE office, or you may email it via secure email to:

AccountingAssociates@LGEccu.org

You may also fax this form to the Accounting Department at 770-420-3850