



ACH Stop Payment Request Form

Date _____ Time _____ am pm
Account Number _____ Suffix _____
Account Name _____ Contact Phone # _____
Payable To _____ Transaction Amount \$ _____
Expected Clearing Date _____ Reason for Stop Pay _____

Stop Payment for Single ACH Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Ozark Federal Credit Union, hereinafter called “the Financial Institution,” to stop payment on the above transaction. The stop payment order shall remain in effect (1) until written notice is received from the account holder to revoke the stop payment order; or (2) until payment of the entry has been stopped, whichever occurs first.

Stop Payment for Recurring ACH Entries: Verify Standard Entry Class Code ___ PPD ___ WEB ___ IAT

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Ozark Federal Credit Union, hereinafter called “the Financial Institution,” to stop payment on the above transaction(s). The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, (1) but on _____ (date), revoked that authorization by notifying the above named company in the manner specified in the authorization; or (2) will be notifying the above named company on _____ (date) in the manner specified in the authorization.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed **\$25.00**
By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney’s fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received at least three (3) days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in payment of the above item(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

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.

Date _____ Account Holder’s Signature _____

Account Holder’s Printed Name _____

Credit Union Employee’s Signature _____

For Financial Institution Use Only

Verbal Stop Pay Request Accepted on _____ By _____

Signed Stop Pay Request Accepted on _____ By _____