



Stop Payment Request—ACH

Member Name: Phone: Address: City, State, Zip: Checking Account #: Savings Account #:

ACH stop payment requests must be received 3 business days prior to the debit; ACH Stop Payment Fee - \$25.00.

Stop Payment Order

Is this for a recurring payment order? Type of Stop Payment (please check one): One-Time Stop Payment Request: Permanent Stop Payment Request: Amount of Debit*: Payable to: Name Company ID Last Date of Debit: Payable to: Name Company ID Amount of Debit*: *Either indicate specific amount or state "varies" if Member has authorized payments in different amounts each month and does not yet know the amount of the payment to be stopped.

If a written request is required as determined by NWFCU, the written request is required to be mailed to NWFCU, at the following address 200 Spring Street, Herndon, VA 20170, Attn.: ACH Dept. within 14 days after your verbal request.

For non-consumer accounts, the stop payment will be effective for six (6) months from the date of the stop payment order, unless it is renewed in writing.

Member's Signature Date

NWFCU Representative (please print name) Branch Extension Date

If the request is received verbally, read the following to the member:

I hereby authorize Northwest Federal Credit Union (NWFCU) to stop payment on the ACH payment described hereon unless you have already paid, certified or accepted it. I understand the stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order or (2) the return of the ACH debit entry. If the stop payment order applies to more than one debit entry, the order will remain in effect until all such entries have been stopped. I agree that NWFCU will not be liable for paying a debit for 3 business days from the date the stop payment request (oral or written) is received. I further agree NWFCU will not be liable for payment of the ACH contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. NWFCU's liability shall not, in any event, exceed the amount of the ACH. I agree to reimburse NWFCU for any loss it sustains in honoring this request. I also understand that if the company changes name and/or dollar amount, the ACH debit may be paid.

Oral Request: I, Signature of NWFCU employee recording oral request read the disclaimer above to the member over the phone.