



Stop Payment Request—ACH

Written Request

Oral Request

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? Yes No

Type of Stop Payment (please check one):

One-Time Stop Payment Request: This stop payment request applies only to the specific payment identified below. Payments other than the payment shown on this form will be debited from my NWFCU account consistent with my agreement with the payee.

Amount of Debit*: _____ Payable to: Name _____ Company ID _____

Permanent Stop Payment Request: All future payments to the payee indicated, whether in fixed or varying amount, will be returned unpaid. Member agrees to notify payee of Member's request to revoke this payment authorization.

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 to be mailed to NWFCU at the following address: 200 Spring Street, Herndon, VA 20170, Attn.: ACH Dept, or, emailed to ACH@nwfcu.org.

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.