



BUSINESS ACH STOP PAYMENT REQUEST FORM

Date \_\_\_\_\_ Stop Payment Fee Per Return \$25

New Stop  Renew Stop - Previous stop date, if applicable \_\_\_\_\_

Account Holder Name (Print) \_\_\_\_\_ Account # \_\_\_\_\_

Reason for Stop Payment \_\_\_\_\_

Company Name \_\_\_\_\_ Debit Amount \_\_\_\_\_

Debit Entry Description \_\_\_\_\_

Date of Previous Transaction \_\_\_\_\_ Date of Next Transaction \_\_\_\_\_

Select One:  Stop 1 Occurrence for the month of \_\_\_\_\_
 Stop all future transactions for 6 months.

Please note: In accordance with ACH Rules, stop payments will remain in effect until the earliest of:
1) the withdrawal of the stop payment order by the account holder, 2) the return of the debit entry or
3) six months from the date of the stop payment order.

Stop Payment Terms and Conditions

By directing Unity One Credit Union to stop payment on the above transaction(s), the account holder agrees that Unity One Credit Union is not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner. The account holder understands that it is necessary to provide the correct information related to the transaction and that a failure to do so may result in payment of the above item. The account holder agrees to hold harmless and indemnify Unity One Credit Union for all expenses, costs and damages incurred by payment of the above item if such payment is the result of failure by account holder to completely, accurately, and correctly furnish any item of information in the above request.

I understand that any inaccurate information provided above may result in failure stop the item.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*CREDIT UNION USE ONLY\*\*\*\*\*
 Oral Request: Automatically expires after 14 days.
 Written Request: Automatically expires after six (6) months unless renewed.
 Renewal of Written Request: Automatically expires after six (6) months unless renewed.
Employee Signature \_\_\_\_\_ Date / Time