



ACH Stop Payment

1020 W. Olive Avenue • Burbank, CA 91506
T: 818.238.2950 • F: 818.238.2979
mediacitycu.org

Account/Transaction Information

Account Holder Name _____

Account Number _____

Originating Company Name _____

Transaction Amount _____ OR Any Amount

Check Serial Number _____ (only for check-related debit entries)

For pre-authorized entries, three business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy the request of the account holder but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within a three-business day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable identification of the account and transaction(s) in question.

_____ **Account Holder initial here**

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:

I wish to stop all future payments from this originator indefinitely.

I wish to stop the next payment only.

Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order

I wish to stop a series of payments _____.

Identify the payment dates, or months, or the specific payments from the Originator you wished stopped

I understand that a **\$25.00** fee will be assessed to **implement** this stop payment order.

I wish to revoke the above ACH stop payment.

I understand that a **\$10.00** fee will be assessed for **revoking** this stop payment order.

This form acknowledges the account holder's request to implement or revoke a stop payment on pre-authorized electronic funds transfers as indicated above. For a Stop Payment Order, the account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

Member Signature

Date

Please fax form to Media City Credit Union (818) 238-2979

FOR CREDIT UNION USE ONLY

Teller ID: _____

Stop Date: _____

Revoke Date: _____

Verbal Request (Expire in 14 days)

Revised: January 2019



Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government. National Credit Union Administration, a U.S. Government Agency.