



ACH STOP PAYMENT REQUEST

Account Number _____ Share ID _____ Date _____
Member Name _____ Fee: _____

Verbal Request (Verbal requests expire in 14 calendar days if unsigned and not returned to Westerra)

Written Request

ACH Stop Payment Information:

Company Name: _____
Company ID Number: _____ Transaction Amount: _____

- ~ One Time Stop Payment – this option stops only one payment
- ~ Permanent Stop Payment – this option will stop all future payments to the Company listed above

I request the credit union to stop payment on the Preauthorized Electronic Funds Transfer or Electronic Draft/Check Conversion Transaction described above. I affirm that the above description, including the company name and date of clearing are correct. I understand that the EXACT information is necessary for the credit union's computer to identify the item. If I give the credit union the incorrect information, the credit union will not be responsible for failing to stop payment.

I agree that the credit union will not be responsible for stopping payment unless my ACH Stop Payment is received by the credit union within a reasonable time for the credit union to act on my request prior to final payment or similar action; or at least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer.

I agree to indemnify and hold the credit union harmless from all costs, including attorney fees (to the extent permitted by law) damage or claims related to the credit union's action in refusing payment of the item, including claims of any joint owner or originator, or in failing to stop payment of an item as a result of incorrect information provided by me.

This ACH Stop Payment Request is subject to automated clearinghouse rules and by other local clearinghouse rules.

I authorized Westerra Credit Union to place the ACH Stop Payment Request and confirm the information provided is correct.

Account Owner Signature: _____
Processed by: _____
Date: _____
Time: _____