

ACH Debit Stop Payment Order

Stop Payment on a Specific Debit Only

Form may be returned by fax to (925) 609-5159

Name	Account Number/Suffix /	Today's Date
() Home Phone Number	() Work Phone Number	() Cell Phone Number
Originating Company Name		
Date of Next Scheduled Payment	Re-Start Date of Payment (Required)	

This form acknowledges your request to stop payment on the preauthorized electronic funds transfer shown above. A fee will apply to each ACH Stop Payment (refer to Rate and Fee Schedule). Your account will be debited for the fee accordingly. Under the law, a verbal stop will remain in effect for only **fourteen days** unless the order is confirmed in writing within that period. ACH Stops will only be done for an exact name of company and exact dollar amount.

The undersigned agrees: (a) to notify the Credit Union if and when the stop payment order should be released; (b) that closing the checking account on which this item is drawn shall automatically cancel this stop payment order; (c) that this stop payment order expires and is no longer in effect six (6) months from the date the stop order was originated, unless earlier released in writing or a greater stop term is specified above.

The undersigned hereby agrees to hold Pacific Service Credit Union harmless for said amount of debit and from all expenses, costs, and attorney's fees that might be incurred by Pacific Service Credit Union on account of refusal to pay the said debit.

Fee will be deducted from the Pacific Service CU account number above. Refer to Rate and Fee Schedule for current fees.

Signature	Date
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For Credit Union Use Only Return Code R08

Date Received _____ Completed By _____ Fee Collected By _____