P.O. Box 2069
Glen Burnie, MD 21060

1.800.628.7070 Tel
www.lovebethpage.com

ACH Stop Payment Request

Today's Date _____ Time _____

Account Number _____ Account Type _____

Member Name _____ Expected Clearing Date_____

Payable To _____ Transaction Amount $ _____

☐ Stop One ACH Payment

On the terms hereinafter set out, the undersigned account holder hereby instructs BETHPAGE FEDERAL CREDIT UNION to stop payment on the above transaction. The stop payment order shall remain in effect until the item has been returned or written notice is received from the account holder requesting the stop payment be released.

☐ Stop Payment for Recurring ACH

On the terms hereinafter set out, the undersigned account holder hereby instructs BETHPAGE FEDERAL CREDIT UNION to stop payment on the above transaction.

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, but on _____, 20_____, revoked that authorization by notifying_____ (company name) on _____, 20_____ in the manner specified in the authorization.

A charge, as reflected, will be assessed to the account holder as payment for this request of $30.00.

By directing Bethpage Federal Credit Union to stop payment on the above transaction, the account holder agrees to hold Bethpage Federal Credit Union harmless against any and all loss, claims, damage, and cost including court cost and attorney's fees, that Bethpage FCU may suffer of incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instruction or expiration thereof.

The account holder understands that the stop payment must be received at **least three (3) business days** before a scheduled debit or in time to give Bethpage FCU reasonable time to act upon it.
The account holder also understands that it is necessary to provide the correct information related to the transaction and that failure to do so may result in the payment of the above item.

I further state that the debit transaction 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.

_____	_____	_____
Date	Account Holder Signature	Print Name

FOR FINANCIAL INSTITUATION USE ONLY:

Signed Stop Payment Request Form Received on_____ by_____

Received Written Confirmation on_____by_____