



899 S Oyster Bay Rd.
Bethpage, NY 11714

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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 INSTITUTION USE ONLY:

Signed Stop Payment Request Form Received on _____ by _____
Received Written Confirmation on _____ by _____