



## Instructions for Completing an ACH Stop Payment Request Form

### General Information:

This form is used to place a stop payment that has been processed as an ACH transaction or to cancel an existing stop payment. The term ACH will be listed within the body of the transaction; otherwise, the transaction was not processed as an ACH. Please contact the Credit Union for further instruction if the transaction does not displayed as ACH.

A fee may be charged upon receipt of the Stop Payment Request as outlined in the Rate and Fee Schedule.

### Form Instructions:

1. Complete the following –
  - a. Member Name
  - b. Daytime Phone Number
  - c. Member Number
  - d. Share ID in which to place the stop payment request
  - e. Select Stop payment type
    - i. One Time
    - ii. Stop all Future Entries
  - f. Type the name of the party that is debiting the account
  - g. Enter the exact amount to be stopped (for a one time stop payment)
  - h. Enter the Company ID (the number is listed in the body of the transaction)
2. Enter the Share ID in which the Credit Union may deduct the Stop Payment Fee
3. Sign the form

### Where to Send the Completed Form:

You bring this form to any Credit Union branch location, mail or fax it.

**Mail to** – PO Box 100070

Duluth, Georgia 30096

Attention: Member Care Center

**Fax to** – 770.476.6500

**Branch locations** – [www.gucu.org](http://www.gucu.org)



**ACH Stop Payment Request**

New Stop Payment Order

Cancel Existing Stop Order

**Member Name** \_\_\_\_\_ **Daytime Telephone Number** \_\_\_\_\_

**Member Number** \_\_\_\_\_ **Share ID** \_\_\_\_\_

**ACH Stop Payment Type:**

**One Time Stop Payment**

*This One Time Stop Payment Order will remain in effect until the earlier of (1) I withdraw the order in writing, or (2) the return of the debit entry.*

**Stop All Future Entries**

*This Stop All Payment Order will remain in effect until I withdraw the order in writing.*

**Party Debiting Account** \_\_\_\_\_

**Exact Amount of debit to be stopped \$** \_\_\_\_\_ *Georgia United Credit Union will only honor the One Time ACH Stop Payment for the exact amount of the Debit.*

**ACH Company ID#** \_\_\_\_\_

I understand this Stop Payment Order must be received by Georgia United Credit Union at least three (3) banking days prior to the scheduled debit transaction date. I further understand that Georgia United Credit Union shall be bound only to exercise good faith and ordinary care in the observation of this order. In requesting the credit union to stop payment of this item or any other, I agree to hold the credit union harmless and indemnify it for all costs, expenses, or damages incurred or suffered by refusing payment of the above described debit.

**Service Fee:**  \$30.00  **Share ID:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The above acknowledges receipt of a copy of this order.**

**Credit Union Use Only:**

**Received By:** \_\_\_\_\_ **Teller #** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_