ACH STOP PAYMENT ORDER

Not to be completed for transactions performed with a Debit or Credit Card.

Date of Request:

Member Name:

Member Number: Checking: Savings:

Daytime Telephone Number:

One Time Stop Payment Permanent

Any Amount OR

Amount of: $

Company Name:

Must match the description exactly as shown on your statement.

Please stop payment on the electronic debit described above, unless you have already paid or accepted it. I understand this ACH Stop Payment request will remain ***indefinitely***, unless it is subsequently cancelled in writing by me and it must be received by the Credit Union **at least (3) three business days** before the scheduled date of transfer in order to be effective. The Credit Union may accept a stop payment order after that time, but will not bear any liability if it does not act on the order. The Credit Union will not be liable for payment of an electronic debit contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. The Credit Union's liability shall not, in any event, exceed the amount of the electronic debit. I agree to reimburse the Credit Union for any loss it sustains in honoring this request.

I authorize a fee of $15.00 to be charged to the account referenced above for an ACH Stop-Payment.

_____ _____

Authorized Signature Date

Police Credit Union of CT Use Only

Received by (MSR Initials): _____

Date: _____

Fee Charged Fee Waived