

## **ACH Debit - Stop Payment Request**

This Stop Payment Request

- 1. Is only valid for an ACH Debit that has not posted to your account.
- 2. Must be given three (3) banking days prior to the scheduled debit(s).
- 3. Is subject to a fee, as disclosed in the EEFCU Account Disclosure (\$30.00).
- 4. Is not valid for Bill Payment error resolution. Validate if the member initiated the ACH using EEFCU bill payment. If so, contact the Credit Union. Using this form could cancel the entire Bill Payment Service. It is strongly suggested to contact the financial institution where the bill payment was originated.

ACH Debit = External Withdrawal, IAT Withdrawal, or Electronic Check						
EEFCU ACCOUNT NUM	T NUMBER MEMBER NAME		MEMBER F		PHONE NUMBER	
Please select: Option #1 or #2						
Option # 1- One-Time Verbal Stop Payment Request						
COMPANY NAME			AMOUNT \$			
Stop the next payment using the details above. This verbal stop payment will remain in effect until the ACH debit is returned as stop payment or this stop payment is released by the member.						
Option # 2- Recurring Stop Payment Request						
COMPANY NAME		All future ACH Debits will be returned to the company as Stop Payment				
This stop payment request will remain in effect for 14 days unless you return the signed stop payment request. Upon receipt of such request this stop payment shall remain in effect indefinitely.						
The account holder understands that they must provide the correct information for the ACH debits. If the correct information is not provided it may result in the payment of the above items and the account holder agrees to hold harmless and indemnify BECU from all expenses, costs and damages incurred by payment of the item(s).						
PRINT NAME- (Option #2 Only)		ACCOUNT HOLDER SIGNATURE- (Option #2 Only		lly)	DATE	
EEFCU Use Only						
STOP PAYMENT REQU	EEFCU REP NAME AND EXTENSION					
Deposit Servicing Use Only						
ACH NOTES FEE		FEE	DATE STOP PLACED		EFT/DS REP NAME	

Return Completed form: Mail: Eagle Express CU PO BOX 567 Jackson MS 39205 Fax to: EEFCU – Attn: Valerie Linson 601-355-2567