

Name of Bank

ACH Debit Return/Stop Payment Request

Address
Street City State Zip

Account Holder

Account #

Company Name (initiated debit)

Merchant #

Effective Date of Action:

Amount of Debit

Reverse transaction posted to account: Yes No

Reason for Stop or Return Payment

- Received Prenote - not preauthorized - 1 time stop Specify frequency
- Received Prenote - not preauthorized - stop future debits with this company (6 months)
- Transaction posted to account never authorized by Account Holder (affidavit required)
- Previous authorization given to has been revoked to debit funds from my account. I revoked that authorization by notifying in the manner specified in the attached termination form.
- Authorization given to company but:
 - debit amount exceeds authorization (affidavit require)
 - account was debited earlier than the authorized date (affidavit required)

I understand that if this request was made orally to the bank/credit union, the stop/return payment request will be void unless I, the Account Holder, sign this form within 14 days of the initial oral request. I also understand that this request will cease to be effective in 6 months from the date shown below, unless it is previously cancelled or renewed in writing by me. I understand it is not the bank/credit union's responsibility to notify me when the time period lapses and if I choose to renew the stop/return payment request, I may be subject to pay another service fee.

The stop/return placed is specific to the company name and merchant number as stated above. If a debit is presented under a different company name or company identification number, the debit will not be stopped or returned. However, I may request a return of any debits that have not been authorized by me with in 60 days of the date of posting to my account. I understand that additional documentation may be required such as an Affidavit of Improper ACH Activity.

The bank/credit union will not be liable for payment of the debit contrary to this request unless payment is caused by the bank/credit union's negligence and causes actual loss to me. The bank/credit union's liability shall not in any event exceed the amount of the debit. I agree to reimburse the bank/credit union for any loss it sustains in honoring this request.

Telephone request Date/Time Field

Signature of Account Holder _____ Date _____

Bank/Credit Union Representative _____ Date _____