



430 South 4th Street, Reading, PA 19602
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**ACH / ELECTRONIC FUNDS TRANSFER
STOP PAYMENT RELEASE REQUEST FORM**

Member's Name _____ Account # _____

Address _____

Home Telephone (_____) _____ Mobile Work (_____) _____

This is a request to release a stop payment previously placed on an Electronic Funds Transfer (EFT) / ACH for:

A single EFT/ACH item All EFT/ACH items for a specific originator

Account Drawn on: Checking Savings

Date of Transfer: _____

Date of initial stop payment order: _____

Amount: \$ _____

Party debiting the account / Company name: _____

Originator Group ID Number: _____

By signing below, I acknowledge I am requesting Riverfront Federal Credit Union (Credit Union) to release a stop payment order that I or a joint owner of this account previously requested on a preauthorized electronic funds transfer (EFT, Item) as indicated above. I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in payment of the Item on or subsequent to the date of this notice, including claims of any joint owner, payee, or endorsee, or in failing to pay the Item as a result of incorrect information provided by me.

Member's Signature _____ Date _____

Upon completing, please mail or fax to the credit union's address listed above Attn: Stop Payment Release

CREDIT UNION USE ONLY:

Request received by _____ Date _____ Via In person Phone Fax

Form submitted to member by mail Member accessed form online

Stop payment release processed by: _____ Date: _____