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**ACH / ELECTRONIC FUNDS TRANSFER
STOP PAYMENT REQUEST FORM**
(For Consumer Accounts Only)

Member's Name _____ Account # _____

Address _____

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

This is a request to stop payment of a Single EFT/ACH Item All EFT/ACH Items for a specific Originator

Account the Item(s) will debit: Checking Savings

Date of Transfer (EFT/ACH): _____ Amount: \$ _____

Party debiting the account / Company name: _____

Originator Group ID Number: _____

Payment was initiated by: Pre-approved recurring debit Internet (Web) Telephone

Fee: \$5 per stop payment request

By signing below, I acknowledge I have read and agree to the terms below:

Required when stopping ALL future debits: I confirm that on _____ (date), I notified the party debiting my account to revoke the authorization I had given to debit my account. **Member's Initials:** _____

Member's Signature _____ Date _____

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

1.) Item Description. I request Riverfront Federal Credit Union (Credit Union) to stop payment on the preauthorized electronic funds transfer ("Item") described above. I warrant that the Item description, including the date or scheduled transfer date, its exact amount, and company name are correct. I understand that the EXACT information on the Item is necessary for the Credit Union's computer system to identify the Item. If I give the Credit Union the incorrect amount or any other incorrect information, the Credit Union will not be responsible for failing to stop payment on the Item.

2.) Stop Payment Order. I agree that the Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by the Credit Union at least three (3) business days before the scheduled date of the transfer. For ARC, BOC, RCK, POP, Single-Entry WEB, and TEL entries, the stop payment order must be provided to the Credit Union at such time and in such manner as to allow the Credit Union a reasonable opportunity to act upon the stop payment order prior to acting on the debit entry. I understand that my Stop Payment request is conditional and subject to the Credit Union's verification that the Item has not already been paid or that some other action to pay the Item has not been taken. I understand that my Stop Payment Order will be effective as follows: **I may make an oral Stop Payment Order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time.** A stop payment order affecting a Consumer Account will remain in effect until the earlier of 1.) the withdrawal of the stop payment order by the above signer, or 2.) the return of the debit entry, or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Originator, the return of all such debit entries. I agree to pay the Credit Union a stop payment fee for requests as set forth above. I understand that the Credit Union may accept a stop payment request from any of the joint owners of the account regardless of who authorized the transfer. A release of the stop payment order may be made by any of the joint owners of the account regardless of who initiated the stop payment.

3.) Indemnification. 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 refusing payment of the Item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an Item as a result of incorrect information provided by me.

CREDIT UNION USE ONLY:

Initial request received by _____ Date _____ Via In person Phone Fax

Form submitted to member by mail Member accessed form online

Stop payment processed by: _____ Date: _____

Written request received by: _____ Date: _____