UNITY ONE® CREDIT UNION

ACH STOP PAYMENT REQUEST FORM

Date _____   Stop Payment Fee Per Return **$25**

☐ New Stop   ☐ Renew Stop - Previous stop date, if applicable _____

Account Holder Name (Print)_____   Account #_____

Reason for Stop Payment_____

Company Name _____   Debit Amount_____

Debit Entry Description _____

Date of Previous Transaction _____   Date of Next Transaction _____

Select One:

☐ Stop 1 Occurrence for the month of _____   ☐ Stop all future transactions.

Please note: In accordance with ACH Rules, stop payments will remain in effect until the earliest of:
1) the withdrawal of the stop payment order by the account holder or 2) the return of the debit entry.

Stop Payment Terms and Conditions

By directing Unity One Credit Union to stop payment on the above transaction(s), the account holder agrees that Unity One Credit Union is not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner. The account holder understands that it is necessary to provide the correct information related to the transaction and that a failure to do so may result in payment of the above item. The account holder agrees to hold harmless and indemnify Unity One Credit Union for all expenses, costs and damages incurred by payment of the above item if such payment is the result of failure by account holder to completely, accurately, and correctly furnish any item of information in the above request.

I understand that any inaccurate information provided above may result in failure stop the item.

Signature_____   Date _____

***************CREDIT UNION USE ONLY***************
☐ Oral Request: Automatically expires after 14 days.

_____   _____ / _____
Employee Signature   Date   Time