



To protect your secure information, please DO NOT RETURN THIS FORM VIA E-MAIL.

700 Patroon Creek Blvd, Albany, NY 12206-1067 (518) 452-8183 www.sefcu.com

ACH STOP PAYMENT REQUEST

I, \_\_\_\_\_ authorize SEFCU to place an ACH stop payment on the following:
(Member Name)

Please choose one:

[ ] Any debits^1 from \_\_\_\_\_
(Company name as it appears on statement)

^1Available for companies that have previously initiated debits and/or credits to the account via ACH.

[ ] Any debits^2 from \_\_\_\_\_ for exactly \$ \_\_\_\_\_
(Company name as it appears on statement)

^2Recommended when placing a stop on a specific debit amount from a particular company.

[ ] All debits^3 from any company for exactly \$ \_\_\_\_\_

^3Recommended for companies that have never initiated debits and/or credits to this account, and the exact dollar amount scheduled to debit the account is known.

[ ] All ACH debit transactions from ALL companies. (Choosing this option stops all ACH debit activity.)

This stop payment request will remain in effect on the above account indefinitely unless an expiration date is provided below. This request may be cancelled at any time by notifying SEFCU in writing in a time that affords the Credit Union a reasonable opportunity to act on your request.

Expiration date \_\_\_/\_\_\_/\_\_\_ (Optional)

STOP PAYMENT ORDER TERMS AND CONDITIONS

By requesting SEFCU to place an ACH stop on your account, you agree that the Credit Union's liability shall not, in any event, exceed the amount of the ACH debit. This request must be made at least 3 business days before the scheduled date of the debit and if an item is presented and does not exactly match the information provided above it may be paid. You agree to reimburse SEFCU for any loss it sustains in honoring this request. If you wish to cancel this stop payment order at any time, the request must be received in writing. A stop payment fee will be assessed to the account holder in accordance with SEFCU's fee schedule at the time of request.

Charge fee to: \_\_\_\_\_ Share \_\_\_\_\_
(Member Number)

I hereby request SEFCU to place a stop payment on the above item. I have read and agree to the Stop Payment Order Terms and Conditions.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_