



ACH STOP PAYMENT REQUEST

Member Name _____

Member # _____

Originating Company Name _____

Transaction Amount _____

SECTION ONE

For pre-authorized entries, 3 business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within 3 business days of the expected transfer date, we will attempt to satisfy the request of the Member, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the 3 business day period. The Member also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question.

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

Member Initial _____

SECTION TWO

Please indicate your specific choice for stopping payment from the Originating Company named above:

- I wish to stop all future payments from this Originator indefinitely
- I wish to stop the next payment only (Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)
- I wish to stop a series of payments. Identify the payment dates, or months, of the specific payments from the Originator you wish stopped:

SECTION THREE

A \$10 charge will be assessed to your account for the stop payment.

This form acknowledges the Member's request to stop payment on pre-authorized electronic funds transfer as indicated above. The Member further represents that the debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

Member Signature _____

Date _____

OFFICE USE ONLY: Submit via Intranet to ES