



Request to Stop ACH Payment

Account Number	Member Name	Request Received Date/Time/Initials
-----------------------	--------------------	--

Credit Union Use Only

To The Florida State University Credit Union (FSUCU):

You are hereby directed to attempt to stop payment of the following ACH (Automated Clearing House) debit from my account as described:

Originating Company Name: _____

Description of Debit: _____

Date of Previous Transaction by this Company: ____/____/____

Select One:

- Please stop ANY amount from this company.
- Please stop this exact amount only: _____.

Select One:

- Please place a Permanent Stop Payment on the ACH debit. Do not pay any future debits from this company.
 - o The ACH stop payment will remain in effect until I withdraw the stop payment order in writing.
- Please place a One-Time Stop Payment on the ACH Debit.
 - o The ACH stop payment will remain in effect (i) until one payment of the debit entry has been stopped, or (ii) until I withdraw the stop payment order in writing, whichever occurs earliest.

I agree that FSUCU will not be liable for paying a debit for 3 banking days from the date the stop payment request is received.

I understand that FSUCU cannot identify and therefore attempt to stop an ACH payment if the originating company name/source code is different from the name shown above.

I agree to indemnify FSUCU against all liability, loss, costs, damages, fees of attorneys and other expenses, including but not limited to any amount the Credit Union is obligated to pay on the item, which the Credit Union may sustain or incur in consequences of honoring this Request to Stop ACH Payment.

I understand there will be a \$25.00 fee for each stop payment processed on my account as disclosed in the Schedule of Fees.

Signature

Date

Accounting Use Only	Date Received: ____/____/____
OFI: _____	
Date Stop Payment placed: ____/____/____	Initial of Processor: _____