



## ACH DEBIT STOP PAYMENT REQUEST

**This form must be completed and received three (3) business days prior to the debit.**

Use this form if an ACH item has cleared your account and you would like to stop any future payments from being deducted from your savings or checking account with TTCU. This item must have cleared your account previously and you will need to decide to either to stop it one time or forever.

You may call the credit union and request the stop verbally, but you will be required to come into a branch within fourteen (14) calendar days to sign the ACH Debit Stop Payment Request form. Failure to physically sign the form will result in the stop payment being removed from the system. A \$32.00 fee is debited from your account at the time the stop payment is requested either verbally or at a branch. The funds must be available at the time the request is processed. If the request is made less than three (3) business days prior to the date of the debit, the fee is \$50.00.

The stop is placed on the ACH source code (Company ID) that has cleared the account, but we cannot guarantee 100% that the company will not change the code or the amount of the debit and the item could possibly clear.

To submit the ACH Debit Stop Payment Request, you will need to print this form, complete and sign it where indicated and either fax, drop it off at one of our branch locations in Middle or East Tennessee, or mail it to the credit unions main branch in Nashville. Our fax number is 615-780-7754 or the mailing address is

The Tennessee Credit Union  
Attn: ACH Department  
1400 8<sup>th</sup> Avenue South  
Nashville, TN 37203

After the form is received and reviewed by the ACH Department and no errors are found, it will be processed. If errors are found, we will need to contact you to discuss them and there may be a need to complete for a new form. Please ensure all phone numbers and other contact information on file are correct.

If you have any questions or need assistance with the form, please call the ACH Department at 800-755-8828 ext. 7625 or 800-622-2535 between the hours of 8 am – 5 pm Monday through Friday (Central Time). If you are directed to voicemail, please leave a detailed message and a TTCU ACH Specialist will return your call as soon as possible.



### ACH Debit Stop Payment Request

Member Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Company Name / Originator: \_\_\_\_\_ Reason for Stop Payment: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Stop Payment Fee: \$ \_\_\_\_\_ Manager Approval: \_\_\_\_\_

**Check One:**

**I would like the payment stopped one time.**

The ACH Stop Payment will remain in effect (1) until one payment of the debit entry has been stopped, or (2) until the receiver withdraws the stop payment order, whichever occurs earliest.

**I would like to stop payment on the transaction and all subsequent payments matching this criteria.**

I understand that this stop payment order applies only to the specific criteria listed above. The ACH Stop Payment will remain in effect (1) until all payments from the specified Originator have stopped, or (2) until the Receiver withdraws the stop payment order, whichever occurs earliest. I understand that the financial institution may require proof of revocation with the Originator, and if that proof cannot be supplied to the financial institution within fourteen (14) days, it may honor subsequent debits to my account.

I certify that I have revoked authorization with this Originator in the manner specified in the authorization.

**Stop Payment Terms and Conditions**

I hereby instruct The Tennessee Credit Union to stop payment on the above transaction(s). I understand that placing a stop payment order on a recurring ACH transaction will not cancel my authorization with the merchant. It is understood that in order to place a stop payment on all subsequent payments from an Originator, I must notify the Originator to cancel my authorization prior to placing the stop payment order.

It is understood, by placing the Stop Payment Request on the transaction(s) listed above, that the account holder agrees to hold the financial institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the financial institution may suffer or incur by reason of non-payment of the above transactions if presented prior to withdrawal of these instructions or expiration thereof.

**Timing of Stop Payment Order**

I understand a stop payment order must be received in time to allow the institution a reasonable opportunity to act on the stop payment order prior to acting on the debit entry and, for some ACH debits, the order must be received at least three (3) banking days prior to the scheduled date of the transfer. To be effective, the stop payment order must also sufficiently identify the payment. If the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order. With respect to ACH debits, the institution and the undersigned agree to abide by the ACH Rules and regulations regarding Stop Payment Orders.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For TTCU internal use only:*

Telephone/Verbal Request Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Employee: \_\_\_\_\_

Written Request Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Employee: \_\_\_\_\_

**Stop Payment Release**

I hereby instruct The Tennessee Credit Union to allow payment on the above transaction(s). I understand that revoking a stop payment order on a recurring ACH transaction will allow transactions with the merchant to post to my account.

It is understood that by revoking the Stop Payment Request on the transaction(s) listed above that the account holder agrees to hold the financial institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the financial institution may suffer or incur in regards to the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For TTCU internal use only:*

Stop Payment Release Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Employee: \_\_\_\_\_

Stop Payment Release Processed By: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Employee: \_\_\_\_\_