

ACH Stop Payment Request

Written Statement of Unauthorized Debit (WSUD)

ACH Stop Payments Must be Received 3 Days Prior to Debit

The Credit Union will not be liable for payment of the ACH contrary to this request unless payment is caused by the credit union's negligence and causes actual loss to you. The Credit Union's liability shall not, in any event, exceed the amount of the ACH. You agree to reimburse the credit union for any loss it sustains in honoring this request. You also understand that if the debtor changes name and/or amount, this debit may be paid. NOTE: There is a fee per ACH Stop Payment (refer to the Los Angeles Federal Credit Union "Fees & Disclosures" brochure of www.LAFCU.org).

TYPE OF STOP PAYMENT

Revoked Authorization (Complete Section 1,2 and 5)
Permanent Stop Payment Request

One-Time Stop (Complete Sections 1,3 and 5)

Unauthorized (Complete Sections 1,2, and 5)
Permanent Stop Payment Request

Revocation/Cancellation (Complete Sections 1,4 and 5)

1. ACCOUNT/TRANSACTION INFORMATION

Member Name _____

Account Number _____

Amount of Debit _____

Debitor/Company Name _____

2. STATEMENT

First Date of Disputed Debit _____

I (the undersigned) hereby attest that (a) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (b) the debit was not authorized, and (c) the following, to the best of my ability to identify, is the reason for that conclusion:

I did not authorize the party listed above to debit my account.

I revoked the authorization I had given to the party to debit my account before the debit was initiated.

My account was debited before or after the date I authorized.

My account was debited for an amount different than I authorized.

My check was improperly processed electronically.

Other (must specify) _____

Further instructions (if applicable):

I request to permanently stop ANY/ALL DEBITS and/or CREDITS for ANY/ALL AMOUNT from this Company.

3. ONE-TIME STOP

Last Date of Debit _____

Stop Payment Expiration Date _____

Fee _____

4. REVOCATION/CANCELLATION

I wish to CANCEL this stop payment request and allow future debits/credits.

5. SIGNATURE

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature _____

Date _____

CREDIT UNION USE ONLY:

Teller Number/Name _____ Date _____ Time _____



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