

Synergy Federal Credit Union
ACH Stop Payment Request Form

New Stop Payment Order

Cancel Existing Stop Order

Member Name: _____

Account Number: _____

I hereby authorize Synergy Federal Credit Union (SFCU) to place a Stop Payment on the ACH debit listed below. This order will remain in effect until I have canceled it in writing. I understand that Stop Payments cannot be placed on debits that have already posted to my account. Please apply the Stop Payment Fee to my:

Savings

Checking

I understand that the Stop Payment Order will not be placed unless the money is available in my account for the Stop Payment Fee.

Company Name: _____

(I understand that SFCU cannot identify and therefore attempt to stop an ACH payment if the originating company name is different from the name shown above.)

Description of Debit: _____

Date item last paid: _____

(Select One)

Please place a Permanent Stop Payment on the ACH debit. Do not pay any future debits from this company. I understand that I must also contact the company to permanently revoke authorization for this debit.

Please place a One-Time Stop Payment on the ACH debit.

Exact Amount of ACH debit: _____

Date for One-Time Stop Payment Order to expire: _____

The account holder also understands that it is necessary to provide the correct information related to the transaction, and that failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify the financial institution for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly.

Form must be completed in its entirety before the order is processed. **I understand this form must be received by SFCU at least 3 business days prior to the date of debit.** If sending the completed form by fax, please send it to (210) 345-2338.

Member Signature: _____

Date: _____