

DATE _____

ACH STOP PAYMENT ORDER

MEMBER NAME _____ ACCT # _____ Suffix # _____

Amount	Company Name	Company ID#	Date of Withdrawal
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I hereby request Maricopa Santa Fe FCU to **STOP PAYMENT** on the ACH Debit(s) described above. I understand that this order will be in effect for a period of no more than six (6) months, until payment has been stopped, or until canceled by me. This signed, written request must be received within fourteen (14) days after a verbal request is taken or the stop payment order will be deleted. I understand that by placing this stop payment there is a **\$20.00** placement charge.

It is further understood that the Credit Union assumes no liability for any action it takes regarding the payment or nonpayment of the above described ACH DEBIT. It is further understood that I hold the Credit Union harmless of any liability for any action it takes regarding the payment or nonpayment of the ACH debit, which would also include any legal action as a result of a stop payment order.

SIGNATURE

ADDRESS

CITY STATE ZIP

HOME PHONE NUMBER CELL PHONE NUMBER WORK PHONE NUMBER

I HEREBY REVOKE REQUEST FOR STOP PAYMENT

DATE SIGNATURE