SHAREFAX CREDIT UNION, INC.
www.sharefax.org
(513) 753-2440

ACH STOP PAYMENT & RELEASE FORM

NAME OF MERCHANT: _____

ACH GROUP NUMBER_____

AMOUNT: _____

MEMBER'S ACCOUNT #: _____

MEMBER'S NAME: _____

MEMBER'S PHONE NUMBER: _____

1.)_____ Please issue a Stop Payment on the **Entire** ACH Group Number described above. I understand that this request will be denied if the ACH has already been presented. 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 an actual loss. The credit union's liability shall not, in any event, exceed the amount of the ACH. I agree to reimburse the credit union for any loss it sustains in honoring this request. I am aware of the **$29.00 service fee** and would like the fee to be charged to my Suffix _____.

Debits Only_____   Both Debits and Credits_____

2.)_____ Please issue a **One-Time** Stop Payment on the ACH item described above. I understand that this request will be denied if the ACH has already been presented. 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 an actual loss. The credit union's liability shall not, in any event, exceed the amount of the ACH. I agree to reimburse the credit union for any loss it sustains in honoring this request. I am aware of the **$29.00 service fee** and would like the fee to be charged to my Suffix _____.

3.)_____ Please stop **All** ACH debits.   _____ Please stop **All** ACH Debits/Credits.

4.)_____ Please **RELEASE** the Stop Payment on the ACH described above. I am aware of the **$8.00 service fee** and would like the fee to be charged to my Suffix _____.

*** Please note that all Business account stop payments expire 6 months from the date of the stop payment.**

MEMBER'S SIGNATURE: _____

TELLER CODE: _____

DATE: _____