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ACH Stop Payment Request

☐New Stop payment ☐Cancel Existing Stop Payment

Member Name: _____

Account No: _____

Merchant Name: _____

ACH Trans Type: ☐Debit ☐Credit

Select one:

☐Please place a **One-time Stop Payment** (expires once merchant has debited any amount)

☐Please place a **Permanent Stop on All Merchants**

☐Please place a **Stop on Single Merchant**

☐ All amounts ☐ The exact amount of $_____

____I am acknowledging that I have read and verified this section and it is correct.

A fee of $10.00 will be assessed to the accountholder as payment for implementing this order.

I understand it is necessary to provide the correct information related to the transaction and failure to do so may result in the payment of the above item. I understand this stop payment does not cancel or change the authorization that I have with the company originating. To cancel that authorization and terminate my pre-authorization debit, I must follow the specifications outlined in the contract I completed with this company. By directing Smart Financial to stop payment on this item, I agree to hold Smart Financial harmless against all loss, claims, damages and costs, including court costs and attorney's fees that are incurred because of Smart Financial having acted on this stop payment request.

Additional Terms and Conditions for ACH Stop Payments Affecting Consumer Accounts

This stop payment request must be submitted at least three Banking Days prior to the next incoming debit from this merchant. If the stop payment order is received within three (3) business days of the expected date, we will attempt to satisfy the request of the account holder but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three-business day period. Completing this form will cause a stop payment to be placed on future debits or credits. An oral request is effective for 14 calendar days, unless renewed in writing with Smart Financial Credit Union within that 14-day period.

Additional Terms and Conditions for Stop Payments of ACH Stop Payment Affecting Business (Non-Consumer) Accounts

The stop payment order will remain in effect until the earlier of (1) the withdrawal of the stop payment order by the Receiver; (2) the return of the debit Entry; or (3) six months from the date of the stop payment order, unless it is renewed in writing. The Financial Institution may establish a longer effective period for a stop payment order. The Financial Institution may not require the renewal to be in writing; they would determine how to accept the renewal on the stop payment order. The stop payment order must be provided to the Financial Institution at such time and in such manner as to allow the Financial Institution a reasonable opportunity to act upon the stop payment order prior to acting on the debit Entry

I hereby acknowledge that I have read and understood the contents of this document. By signing below, I confirm that all information provided is true and accurate to the best of my knowledge.

Signature Date