

# PENN STATE FEDERAL ACH STOP PAYMENT REQUEST

123 AMBERLEIGH LANE • BELLEFONTE, PA 16823 • (814) 865-7728

SHARE TYPE	DATE OF TRANSFER	AMOUNT	PAYABLE TO	FEE	ACCT/MICR #
					#
					#

## REQUEST VERIFICATION RENEWAL

- ORAL REQUEST
- WRITTEN REQUEST
- RENEWAL REQUEST

DATE OF INITIAL REQUEST \_\_\_\_\_

TIME RECEIVED \_\_\_\_\_


Member's Name \_\_\_\_\_

Address \_\_\_\_\_

## Member's Signature and Date

(1) **Item Description.** I request Penn State Federal Credit Union to stop payment on the ACH ("Item") described above. I warrant that the item description, including the date or scheduled transfer date, its exact amount, the item number, and payee are correct. I understand that the EXACT information on the item is necessary for Penn State Federal Credit Union's computer to identify the item. If I give Penn State Federal Credit Union the incorrect amount or any other incorrect information, they will not be responsible for failing to stop payment on the item. (2) **Stop Payment Order.** I agree that Penn State Federal Credit Union will not be responsible for stopping payment unless my Stop Payment Order is received by them (1) within a reasonable time for them to act on my order proper to final payment or similar action; or (2) at least three (3) business days before the scheduled date of the pre-authorized EFT or ACH draft. **I understand that my Stop Payment request is conditional and subject to Penn State Federal Credit Union's verification that the item has not already been paid or that some other action to pay the item has not been taken.** I understand that my Stop Payment Order will be effective as follows: I may make an oral Stop Payment Order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. A written ACH Stop Payment Order is effective indefinitely or as otherwise stated. I also agree to notify Penn State Federal promptly upon the issuance of any duplicate item which replaced the item subject to this order upon return of the original item. I agree to pay Penn State Federal a stop payment fee for requests as set forth above. (3) **Indemnification.** I agree to indemnify and hold the Credit Union harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Credit Union's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me.

*Penn State Federal Credit Union's Copy. Upon Completing, please mail to address listed above Attn: ACH Stop Payment.*

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