

# VERITAS FEDERAL CREDIT UNION

## A.C.H. STOP PAYMENT REQUEST

I hereby authorize Veritas Federal Credit Union **to stop payment on the Pre-Authorized debit identified below**. I understand that any stop payment for a pre-authorized debit must be received by the Credit Union no later than three (3) banking days prior to the scheduled date of the debit. In addition, I understand that I may request a stop payment later than the three (3) day period but will accept full responsibility for any protested returns. I also understand and agree that a fee in the amount of \$35.00 will be assessed for this service and that the fee will be withdrawn at the time the stop payment is processed. By placing this stop payment I indemnify and hold harmless Veritas Federal Credit Union from all liabilities resulting from the processing of this stop payment order.

*If this document is accessed on-line, security precautions require that you print the document, complete all necessary information, sign where indicated, and fax to the Credit Union 615-786-0457*

Member Name \_\_\_\_\_

Account# \_\_\_\_\_

Amount \_\_\_\_\_

Share Suffix \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_

Date of Request \_\_\_\_\_

Payee \_\_\_\_\_  
Company Name

I understand and agree that this stop payment order shall only be valid for a single occurrence and shall expire after the above referenced debit would have normally posted to my account. I also understand and agree to reimburse the Credit Union for any loss it incurs in honoring this request.

Requesters Signature \_\_\_\_\_

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### INTERNAL USE ONLY

Date of Transaction \_\_\_\_\_

Performed by \_\_\_\_\_