

Marriott Employees' Federal Credit Union

Instructions and Information

ACH Stop Payment Request Form

Information:

- If you believe that there is or will be fraud on your account please contact Member Services at 1-800-821-7280.
- Fax the completed form to 301-634-5183, deliver to the Marriott Employees' FCU branch office located at 10400 Fernwood Road, Bethesda, MD 20817, or mail the form to:
P.O. Box 6006, Bethesda, MD 20827-6006, Attn: Accounting Department.
Ensure that you have **signed** and **dated** the form.
- Stop payments maybe made anytime up to 3 banking days **before** the scheduled payment date.
- A **fee** will be charged to your checking or saving account for processing the Stop Payment Request. The Stop Payment will not be processed if the **fee** is not available in the account.
- The Stop Payment is permanent unless removed by you in writing.
- The Stop Payment fee is non-refundable.

Instructions:

Field	Explanation	Example
Account Number	Located on the upper right corner of account statement	1234567
Member Name	Name on Account	Jane Doe
Request Received Date/Time	Completed by Credit Union	Completed by Credit Union
Originating Company Name	Merchant's Name	Elmo's Car Dealership
Date of Transaction	Date (or approx.) of charge	05/27/2010
Transaction Amount	Amount of charge	\$257.60
This request is to Stop an ACH item ONE TIME ONLY	This will only stop item for ONE attempt	
This request is a permanent Revocation of Authority	This will permanently stop the ACH item presented for that EXACT amount from that specific company. If the creditor changes the amount of the debit to collect a fee or if the debit is given to another institution to collect, then the <u>item may clear the account.</u> It is vital that you advise the origination company in advance that you have Revoked Authority to debit your account.	

Contact Marriott Employees' FCU at the phone number listed above with any questions.

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Account Number:	Member Name:
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To Marriott Employees' Federal Credit Union (MEFCU):

You are hereby directed to attempt to stop payment of the following ACH (Automated Clearing House) debit from my account as described.

Originating Company Name: _____

Scheduled date of transaction: ____/____/____ Transaction Amount \$ _____

CHECK ONE:

This request is to stop an ACH Item ONE TIME ONLY.

This request is a permanent Revocation of Authority.

I agree that MEFCU will not be liable for paying a debit for 3 banking days from the date the stop payment request is received.

I understand that MEFCU cannot identify and therefore attempt to stop an ACH payment if the originating company name is different from the name shown above.

I agree to indemnify MEFCU against all liability, loss, costs, damages, fees of attorneys and other expenses, including but not limited to any amount the credit union is obligated to pay on the item, which MEFCU may sustain or incur as a consequence of honoring this ACH Stop Payment request.

If this is a request for a **one time stop**, I understand that MEFCU cannot guarantee the prevention of a payment that was "stopped" from being redeposited and debited from my account. In order to prevent redeposits or debits I must revoke my authorization to the above payee.

If this is a request for a permanent Revocation of Authority, I confirm that I have revoked the authorization given to that authority (company or source of origination).

By signing this Request for Stop Payment I agree to the terms hereof. I understand there will be a charge for each stop payment processed on my account as disclosed in the schedule of fees.

Signature

Date

FOR CREDIT UNION USE ONLY

Request Received by name (Printed): _____

Staff Signature: _____ Date: _____ Time: _____