



ACH Stop Payment Request Form Instructions

Information:

- If you believe that there is or will be fraud on your account, please contact Member Services at 1800-821-7280.
- 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:
MEFCU P.O. Box 6006, Bethesda, MD 20827-6006, Attn: Accounting Department.
- Ensure that you have **signed** and **dated** the form.
- MEFCU must receive the completed form no less than 3 business days prior to the expected date of debit in order to implement the stop payment order. If the stop payment order is received within three business days of the expected date of debit, MEFCU will attempt to satisfy the request of the account holder but will not be held liable if sufficient time was not provided.
- 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 fee is non-refundable.

Instructions:

Field	Explanation	Example
Account Number	Located on the upper right corner of your account statement	1234567
Member Name and Phone Number	Name on Account and best contact phone number	Jane Doe (555)555-5555
Company Name/Originator	Merchant's Name	Elmo's Car Dealership
Date of Expected debit	Future date (or approx.) of when the account will be debited	01/01/29
Exact amount OR Any amount*	Enter exact amount of debit OR check mark the Any amount* box. *Please be advised that if the transaction has never occurred before then the stop payment must be placed strictly on the exact amount of debit.	\$257.60 OR <input checked="" type="checkbox"/> Any Amount*
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 <u>EXACT</u> amount from that specific company. However, if the creditor changes the amount of the debit, changes company ID# 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 originating company in advance that you have Revoked Authority to debit your account.	

The ACH Stop Payment Request Form must be received three (3) business days prior to the date of debit.
Please fax back the completed form to (301) 634-5183



Marriott Employees' Federal Credit Union ACH Stop Payment Request Form

This form must be received no less than three (3) business days prior to the date of debit. If the stop payment form is received within three business days of the expected date of debit, MEFCU will attempt to satisfy your request but will not be held liable if sufficient time was not provided to stop the debit. **Please fax back completed form to (301) 634-5183.**

Account Number:	Member Name and Phone Number:
-----------------	-------------------------------

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.

Company Name/Originator: _____

Date of Expected Debit: ____/____/____ Exact Amount: \$ _____ OR Any Amount*

*You may check this box only if the transaction has occurred before in your account. Otherwise you must provide an exact amount

CHECK ONE:

This request is to stop an ACH item **ONE TIME ONLY**. The stop payment order will remain in effect until (1) one payment of the debit entry has been stopped, or (2) until you provide written notice to release the stop payment order or (3) six months has passed from the date the stop payment was placed, whichever occurs first.

This request is a **PERMANENT REVOCATION OF AUTHORITY**. I understand that placing a stop payment on a recurring ACH transaction will not cancel my authorization with the merchant/originator. The stop payment order will remain in effect until (1) such payments have been stopped or (2) until you provide written notice to release the stop payment order.

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. Furthermore, I understand that if the originator changes the amount of the debit, changes its company ID# or the debit is given to another institution to collect, then the item may clear the account.

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 company. If this is a request for a **permanent Revocation of Authority**, I confirm that I have **contacted the company/originator and revoked the authorization**.

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 account fees. **The Stop Payment will not be processed if the fee is not available in the account. The stop payment fee is non-refundable.**

Signature

Date

FOR CREDIT UNION USE ONLY	Revised 11/2020
Request Received by: (Print Name) _____	
Staff Signature: _____	Date: _____ Time: _____