

## ADVANTAGE PLUS FEDERAL CREDIT UNION STOP PAYMENT/RETURN REQUEST ORDER

Today's Date:	Time: <span style="float: right;">a.m. p.m.</span>
Account Number:	Branch Number:
Member Name:	Date of Debits:
Company Name	Transaction Amount \$:
<b>For Stops:</b> Company ID# _____	<b>For Returns:</b> ACH Trace Number(s) _____
Request received: <input type="checkbox"/> In Person <input type="checkbox"/> By Phone	

<input type="checkbox"/> <b>ACH Return</b> <i>If checked, please COMPLETE the Written Statement of Unauthorized Debit Form</i>	
<input type="checkbox"/> <b>ACH Permanent Stop</b>	
<input type="checkbox"/> <b>Stop One ACH Payment – Terms and Conditions</b>	
Dated to be lifted: _____ On the terms hereinafter set out, the undersigned account holder hereby instructs Advantage Plus Federal Credit Union, to stop payment on the above transaction. The stop payment order shall remain in effect for 1) until written notice is received from the account holder to revoke the stop order; or 2) until payment has been stopped, whichever occurs first.	
<input type="checkbox"/> <b>Stop Payment for Check</b> <b>Check Number(s)</b> _____	
<b>Return</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
On the terms hereinafter set out, the undersigned account holder hereby instructs Advantage Plus Federal Credit Union to stop payment on the above transaction.	

**A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fees Assessed**  
\$ \_\_\_\_\_

- \$15 Stop Payment Fee/per item fee may apply
- \$29 Return Item Fee/per item fee may apply
- \$29 Return and Stop Payment Fee/per item fee may apply

By directing Advantage Plus Federal Credit Union to stop payment on the above transaction(s), the account holder agrees to hold Advantage Plus Federal Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that Advantage Plus may suffer or incur by reason of nonpayment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received **at least three (3) business days before a scheduled debit(s)** or in time to give Advantage Plus Federal Credit Union reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless Advantage Plus for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I further state that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Date	Member Signature	Print Name
Date	Advantage Plus FCU Representative Signature	Print Name

**FOR ADVANTAGE PLUS FEDERAL CREDIT UNION USE ONLY**

Signed Stop Payment Request Form Received by Item Processing: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

**ADVANTAGE PLUS FEDERAL CREDIT UNION  
WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)**

ACCOUNT TRANSACTION INFORMATION
Name:
Account Number:
Amount of Debit:
Date of Debit:
Company/Party Debiting Account:
ACH Trace Number(s):

**STATEMENT**

I (the undersigned) hereby attest that 1) I have reviewed the circumstances of the above electronic (ACH) debit to my account, 2) the debit was not authorized or did not conform to the terms of my authorization, and 3) the following, to the best of my ability to identify, is the reason for that conclusion:

**R10: I did not authorize the debit to my account. (no known relationship)**

- I do not know or did not authorize the party listed above to debit my account.
- The signature of a check that was processed electronically is not my signature.

**R11: I authorized the party listed above to debit my account, but the entry does not conform to the terms of my authorization. (current relationship)**

- My account was debited before the date that I authorized.
  - My account was debited for an amount different than I authorized.
  - My account was debited by an authorized third party, but that third party failed to make my payment as instructed.
  - My check was improperly processed electronically
  - A debit to my account that was previously returned was improperly reinitiated.
  - Other (must specify)
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**R07: I authorized the party listed above to debit my account, but: (terminated relationship)**

- I revoked the authorization I had given to the party to debit my account before the debit was initiated.

**SIGNATURE**

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_