



1278 Rocky Point Drive • Oceanside, CA 92056
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ACH Stop Payment Request

(Reason Code - R08)

First Name: _____ Last Name: _____

Member Number: _____

Originating Company Name: _____

Transaction Amount: \$ _____ or Any Amount

Transaction Date: _____

Check Serial Number: _____ (only for check-related debit entries)

For pre-authorized entries, three business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy the request of the Account holder, but will not be liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day period. The account holder also understands that it is necessary to provide the correct information related to the transaction sufficient to enable the identification of the account and transaction in question.

For all non-recurring, single transaction payments, the stop payment request must be provided in a time frame that allows reasonable opportunity for us to honor the request to finalize the ACH entry.

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate item:

I wish to stop all future payments from this Originator indefinitely

I wish to stop the next payment only

(Future entries from this Originator are to be paid, unless I provide you with additional stop payment order)

I wish to stop a series of payments

(Identify the payment dates, or months, of the specific payments from the Originator you wished stopped)

A fee will be assessed to the account as payment for implementing this order in the amount of: **\$ 25.00**
This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers as indicated above.

By signing below, the account holder acknowledges that they have fully read and agree to the Terms and Conditions presented above. The account holder further represents that the debit transaction described above 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.

Member Signature: _____ Date: _____
Ink Signature Required

For Credit Union Use Only:

Received by Branch Number: _____ User ID: _____ Date: _____ Time: _____

EFT use only:

Company ID: _____ EFT User ID: _____ Date: _____ Time: _____