

Business ACH Stop Payment Request

Please use this form to stop payment on an external electronic payment (ACH) only. This form should not be used to stop Digital Banking transfers, Pay A Person transfers, or Bill Payments initiated in Digital Banking.

The “Business ACH Stop Payment Request” form cannot be used to dispute an electronic transaction. To dispute an electronic transaction, please initiate a dispute via Digital Banking, by visiting a branch, or by calling the Information Center at **800.328.8797**.

To speed the processing of your request, follow these steps:

1. Complete the Stop Payment form in full.
2. Submit your completed form to DCU by:
 - Faxing your form to the Electronic Payments Fax Line at **508.772.0563**
 - Email to **achstoppayments@dcu.org**
 - Visit a DCU branch
 - Mail your completed form to:

Digital Federal Credit Union
Attn: Electronic Payments
PO Box 9310
Marlborough, MA 01752-9130

What You Can Expect

If you fax your completed form, your request will be processed within 48 hours of receipt.

If you mail your completed form to us without faxing it first, you **MUST** allow 2 weeks for postal delivery and DCU processing.

Please note that incomplete forms cannot be processed.

Business ACH Stop Payment Request



Member Name

Member Number (Use the member number where the transaction posted)

Telephone Number

Email Address

Preferred Method of Contact Phone Email

Best Time to Contact _____

Expected Clearing Date for ACH

Transaction Amount

Company/Payee Debiting Account (Only one company per form)

Please select only one option to stop a Corporate ACH Transaction:

- Full Term Stop Payment** – the undersigned account holder hereby instructs Digital Federal Credit Union ("DCU") to stop payment on the above transaction. The stop payment shall remain in effect for 1) six (6) months; 2) until written or authenticated notice is received from the account holder to revoke the stop payment order, whichever occurs first.
- Temporary Stop Payment** – Stop Payment Effective until:
(shall remain in effect until the date selected and cannot exceed more than six (6) months.)
- Amount Stop Payment** – If this box is checked, I have asked you to Stop Payment on the amount rather than the ACH Company ID. I understand that you advise against this request and that this will result in the return of any item presented against this account for this dollar amount during the time this Stop Payment Request is in effect. The stop payment shall remain in effect for 1) six (6) months; 2) until written or authenticated notice is received from the account holder to revoke the stop payment order, whichever occurs first.

I am requesting that you stop payment on the item described and checked above. I understand that an oral Stop Payment request will expire in fourteen (14) days unless I sign and return this form. By directing DCU to stop payment on this item, I agree to hold DCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of DCU having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request must be received in time to give DCU reasonable time to act on it. If I am requesting that you stop payment on an ACH debit, I understand this request must be received no less than three (3) business days prior to the expected date.

There may be a fee associated with processing your request. See DCU's **Schedule of Fees and Service Charges**, to determine the associated fee which will be assessed to my DCU account for processing this Stop Payment Request.

Member Signature

Date