Please use this form to place a stop payment on your account. This form will be used for both checks and ACH electronic items.

The "Stop Payment Request Order" form cannot be used to dispute an electronic transaction. To dispute an electronic transaction, please complete the "Written Statement of Unauthorized Debit" form.

To speed the processing of your application, please follow these steps:

1. Complete the Stop Payment form in full.

2. Send your completed form to DCU by:
   - Faxing your form to the Electronic Services Fax Line: 508.772.0563
   - Mail your completed form to:
     
     Digital Federal Credit Union  
     Attn: Electronic Services Dept.  
     220 Donald Lynch Boulevard  
     PO Box 9130  
     Marlborough, MA 01752-9130

What you can expect

If you fax your completed form to us or bring the completed form to a DCU branch office, we'll process your request 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.
STOP PAYMENT REQUEST ORDER

Today's Date ______________ Contact me at ____________________________

Member Name __________________________________ Member Number __________ Account No. __________

Expected Clearing Date for ACH ______________ Payable To ____________________________

Transaction Amount $ __________ Check(s) No. __________ Date Check(s) Written ______________

Reason for Stop Payment ____________________________________________________________

Please select only one option:

• Stop Payment for Check – Terms and Conditions

☐ Full-Term Stop Payment. On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called “the Financial Institution”, to stop payment on the above transaction. The stop payment shall remain in effect for 1) six months; 2) until written notice is received from the account holder to revoke the stop payment order, whichever occurs first.

• Stop ACH Payment (Consumer) – Terms and Conditions

☐ One-Time Stop Payment - Stop Payment Effective Until: __________________________

☐ Temporary Stop Payment - Stop Payment Effective between ______________ and ______________

☐ Indefinite Stop Payment

On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called “the Financial Institution”, to stop payment on the above transaction. The stop payment shall remain in effect for until written notice is received from the account holder to revoke the stop payment order.

• Stop Payment for Recurring ACH Entries (Consumer has revoked authorization) – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called “the Financial Institution”, to stop payment on the above transaction. The stop payment shall remain in effect for until written notice is received from the account holder to revoke the stop payment order.

☐ I authorized __________________________(company name) to originate one or more ACH entries to debit funds from my account, but on __________________________(mm/dd/yyyy) I revoked this authorization by notifying them in the manner specified in the authorization.

• Stop ACH Payment (Corporate – CCD, CTX, Non-Consumer IAT) – Terms and Conditions

☐ One-Time Stop Payment - Stop Payment Effective Until: __________________________

☐ Full-Term Stop Payment

On the terms hereinafter set out, the undersigned account holder hereby instructs Digital Federal Credit Union, hereinafter called “the Financial Institution”, to stop payment on the above transaction. The stop payment shall remain in effect for 1) six months; 2) until written notice is received from the account holder to revoke the stop payment order, whichever occurs first.

If this box is checked, I have asked you to Stop Payment on the Amount rather than the Check Number or 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.

A $25.00 fee, as disclosed in your Schedule of Fees and Service Charges, will be assessed to my DCU account for processing this Stop Payment Request.

Member Signature: __________________________________ Member Number: __________ Date: ______________

INTERNAL USE ONLY Processed By # ______________ Date ______________ Fee W/D (Y/N/NA)