

# Electronic Payment (ACH) Stop Payment Request Order

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Please use this form to place a stop payment on an electronic payment (ACH).

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.

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## 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 Services Fax Line at 508.772.0563, **OR**
    - Mail your completed form to:  
**Digital Federal Credit Union**  
**Attn: Electronic Services**  
**853 Donald Lynch Blvd.**  
**PO Box 9310**  
**Marlborough, MA 01752-9130**
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## 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.**

# Electronic Payment (ACH) Stop Payment Request



Today's Date \_\_\_\_\_ Contact me at \_\_\_\_\_

Member Name

Member Number

Account No.

Expected Clearing Date for ACH

Payable To

Transaction Amount

Reason for stop payment: \_\_\_\_\_

## Please select only one option:

### Stop ACH Payment (consumer)

- ☐ 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 (DCU), to stop payment on the above transaction. The stop payment shall remain in effect 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)

On the terms hereinafter set out, 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 until written notice is received from the account holder to revoke the stop payment order.

- ☐ I authorized \_\_\_\_\_ to originate one or more ACH entries to debit funds from my account,  
Company Name  
but on \_\_\_\_\_ I revoked this authorization by notifying them in the manner specified in the authorization.  
Date

### Stop ACH Payment (Corporate – CCD, CTX, Non-Consumer IAT)

- ☐ One-Time Stop Payment – Stop Payment Effective Until: \_\_\_\_\_
- ☐ Full-Term Stop Payment

On the terms hereinafter set out, the undersigned account holder hereby instructs DCU 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.

I am requesting that you stop payment on the item described and checked above. I understand that the oral Stop Payment request will expire in fourteen (14) days unless I sign and return this form. By directing DCU to stop payment of 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.

☐ 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.

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

INTERNAL USE ONLY

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Fee W/D ☐ Yes ☐ No ☐ N/A