

ACH REVOKE AUTHORIZATION REQUEST
(to Permanently Block all Future Payments)
(For Consumer Accounts Only)

A **\$6.00** service fee will be deducted from your account when this request is processed.

To avoid a delay in processing, please complete all information, sign, and return immediately.
Include all written correspondence to and/or from the originator.

Your signature is required on this form before the stop can be processed.

MAIL: APCI FCU, Attn EFT Specialist, P.O. Box 20147, Lehigh Valley PA 18002-0147
FAX: 610-706-7042 or EMAIL: CUAcctg@airproducts.com

Primary Account Holder: _____ Account #: _____

Daytime Phone #: _____ Amount of Transaction: _____

Originator Name: _____

Originator Group ID Number (if not known, leave blank): _____

From: (circle one) S1 (Savings) or S4 (Checking)

This pre-approved recurring debit was originally authorized by: (circle one of the following)

Written Agreement/Signed Contract

Internet (Web)

Telephone

ACH Stop Payments are subject to the following terms and conditions:

- The information provided above correctly identifies the originator.
- The ACH stop payment order will not be effective if the ACH item has been paid or accepted prior to this order.
- The undersigned drawer or maker agrees to hold APCI Federal Credit Union harmless for the said amount and losses and/or expenses incurred as a result of compliance with the order.
- This stop payment order is for all subsequent payments to said Originator and will remain on your account permanently.
- Should future developments make possible the cancellation of this order, the undersigned agrees to notify APCI Federal Credit Union in writing.
- Notification of a stop request must be given at least three (3) banking days before the scheduled date of the ACH recurring transfer or must be provided to APCI FCU in such time and manner as to allow a reasonable opportunity to act upon the stop payment order prior to acting on the debit entry.
- APCI FCU may honor a stop payment order received within the three-banking-day limit. However, if such a request is honored, APCI FCU has no resultant liability or responsibility to any Originator or other person having any interest in the entry.
- **A Revoke Authorization requires you to provide the Originator with notice to stop all subsequent payments from your account. Please forward written confirmation of your forwarded notice to the Originator, signed and dated, as evidence of your request.**
- **If your request was made by phone, please complete the following statement:**

On _____, I instructed _____, to stop all future payments by calling
(date) (Originator)
_____. I spoke to _____, in the _____ department.
(phone number) (Representative)

Member's Signature: _____

Date: _____

For Credit Union Use Only: (Return Code R08)

Teller's Initials: _____

Date entered on system: _____

Fee Collected: _____ from S1 / S4 / other

Date Fee Paid: _____