



ACH ONE-TIME STOP PAYMENT REQUEST
(of an Individual Transaction)
(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 within 14 days.

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's Name: _____ Account #: _____

Daytime Phone #: _____ Amount of Transaction: _____

Originator Name: _____

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

From: S1 (Savings) or S4 (Checking) ** Date To Resume: _____
(circle one)

Payment was initiated by: *(circle one of the following)*

Pre-Approved Recurring Debit Internet (Web) Telephone Electronic Check # _____

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.
- Should future developments make possible the cancellation of this order, the undersigned agrees to notify APCI Federal Credit Union in writing.
- Notification must be given at least three (3) banking days prior to the scheduled date of the transfer. 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.
- Stop payment orders for share drafts (checks) processed as ARC, RCK, POP, Single-Entry WEB, and TEL entries must be provided to APCI FCU at such time and in such manner as to allow the credit union a reasonable opportunity to act upon the stop payment order prior to acting on the debit entry.
- Oral orders are valid for 14 days unless confirmed in writing. If this signed form is not returned within 14 days of the original request, APCI FCU may declare this ACH Stop Payment order void.
- This stop is for one transaction only and it is not renewable. A new form is required, with applicable service fee, for each stop payment request.
- **This ACH Stop Payment order will remain in effect until the earlier of the "Date to Resume" as indicated above or the return of the debit entry. If the stop order applies to more than one debit entry under a specific authorization involving a specific Originator, the stop order is in effect until the return of all such debit entries
- **THIS FORM SHOULD NOT BE USED TO BLOCK ALL FUTURE DEBITS. PLEASE COMPLETE THE "ACH REVOKE AUTHORIZATION REQUEST" FORM TO STOP ALL SUBSEQUENT PAYMENTS TO A SPECIFIC ORIGINATOR.**

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: _____