# STOP PAYMENT / DISPUTE (ACH)

**(Written Statement of Unauthorized Electronic Debit by 3rd Party)**

*Employee Name/Teller #* *(accepting form)* _____          ***(Provide Copy to Member)***

## MEMBER INFORMATION:

Member Name(s): _____     Account #: _____ Suffix #: _____

Member Phone #: _____     Member Email: _____

☐   **1.  ACH STOP PAYMENT**   *(Stops all future debits; if item being stopped recently cleared and needs to be returned, complete Sections #1 and #3)*

**I understand the current Stop Payment fee will be charged to my account:**  I request stop payment of the ACH item above, unless already paid or accepted.  I understand this request will stop this and all subsequent payments.  I also understand that this request may only be cancelled in writing by an authorized signer on this account.

I understand Kirtland Credit Union (KCU) will not be liable for payment of the ACH item contrary to this request unless payment is caused by KCU's negligence which causes actual loss to me.  KCU's liability shall not, in any event, exceed the amount of the ACH item.

I certify that the transaction addressed above was not originated with fraudulent intent by me or any person acting in concert with me, and further certify that the signature below is my own proper signature, as an authorized signer on this account. I agree to defend, indemnify and hold harmless KCU, its agents, employees, directors, successors and assigns, from and against any and all claims, actions, damages, liabilities, losses, and costs, including reasonable attorneys' fees and expenses, sustained or incurred by reason of KCU's reliance on the statements contained in this form and or acting on my request.

Date Item Paid: _____ Company Name: _____ Amount of Stop: $_____

☐ **2.  REMOVE STOP PAYMENT**   *(To remove a previously placed ACH Stop Payment)*

Company Name: _____ Amount of Item Stopped: $_____

☐ **3.  WRITTEN STATEMENT OF UNAUTHORIZED DEBIT**   *(To dispute a single transaction or transactions which are related/same company.  If you do not wish for these previously authorized debits to pay in the future, complete Section #1 ACH Stop Payment also.)*

I, the undersigned, hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason:

☐   I did not authorize the party listed above to debit my account.

☐   I revoked the authorization I had given to the party to debit my account before the debit was initiated.

☐   My account was debited before the date I authorized.

☐   My account was debited for an amount different than I authorized.

Company Name: _____

Return these item(s):  Date_____ Amount_____          Date_____ Amount_____

Date_____ Amount_____          Date_____ Amount_____

**I attest the information provided in this request is true and correct and that I am an authorized signer on this account with authority to place this Stop Payment/Dispute.**

**Member Signature**: _____     **Date:** _____