STOP PAYMENT (ACH) / WSUD

(Written Statement of Unauthorized Electronic Debit by Third Party)

(Provide copy to Member) ***Employee Name:*** _____

MEMBER INFORMATION:

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

Member Phone #: _____ Member Email: _____

Third Party Debiting Account: _____

Date of Debit: _____ Amount of Debit: $_____

☐ **ACH STOP PAYMENT** ☐ All Debits ☐ Specific Amount: $_____

(Stops all future debits; if item recently cleared & should be returned, complete Section WSUD also)

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/accepted. I understand this request will stop this and all subsequent payments, and that this request may only be cancelled in writing by an authorized signer on this account.

☐ **REMOVE ACH STOP PAYMENT** *(To remove previously placed ACH Stop Payment; complete above with previous Stop info)*

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

(If the member does not want this previously authorized debit to pay in the future, mark "ACH Stop Payment" section above also.)

Return these item(s): Date_____ Amount_____ / Date_____ Amount_____

For additional items, use a second form and indicate "Page 1 of 2", "Page 2 of 2", etc. on each form.

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 or did not conform to the terms of my authorization; and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

DEBIT NOT AUTHORIZED:

- ☐ I did not know or did not authorize the party listed above to debit my account.
- ☐ The signature of a check processed electronically is not my signature.

DEBIT AUTHORIZED, BUT DOES NOT CONFORM TO THE TERMS OF THE AUTHORIZATION:

- ☐ My check was improperly processed electronically.
- ☐ My account was debited before the date I authorized.
- ☐ My account was debited for an amount different than I authorized.
- ☐ My account was debited by an authorized third party, but that third party failed to make my payment as instructed.

DEBIT AUTHORIZED, BUT:

- ☐ I revoked the authorization I had given to the party to debit my account before the debit was initiated.
- ☐ Other (must specify): _____

I attest the information provided is true and correct, that I am an authorized signer on this account with authority to place this Stop Payment/WSUD, and certify the signature below is my signature. 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 the transaction addressed above did not originate with fraudulent intent by me or any person acting in concert with me. 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. Any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to $1,000,000 or imprisonment up to 30 years, or both under the provisions of Federal law (18U.S.C. law §1344).

Member Signature: _____ **Date:** _____