

Escondido Federal Credit Union

ACH Stop Payment/Claim of Unauthorized Transaction

Return Form to:

Fax: (760) 746-1189

E-mail: efcu@ci.escondido.ca.us

Mail: P.O. Box 1957

Escondido, CA 92033

Date:	Acct #:	\$
Effective Date:	Name:	Return Code

Stop Payment Return Codes

R07 – Authorization Revoked by Customer

R08 – Payment Stopped or Stop Payment on Item (used to stop only a single ACH transaction)

R10 – Customer Advises Not Authorized; Item Ineligible, Notice Not Provided, Signatures Not Genuine or Item Altered

Originating Company: _____ **Date of Payment:** _____

Letter of Termination Received: Yes No

By signing this form, member acknowledges that the transaction(s) noted above was not properly authorized or that a previously existing authorization has since been revoked/terminated. If Return Reason Code of R07 used, the credit union must receive a copy of the written termination statement from member to originating company for stop payment to be effective. All ACH stop payments requests must be signed to be effective. Phone requests are not accepted. Stop payments on all re-occurring ACH debits must be received by the credit union at least three (3) days prior to the effective date of the debit. By signing below the member authorizes the credit union to administer a stop payment fee as listed in the Account Fee Schedule for each stop payment item processed.

Member's Signature: _____ Date: _____

Cancellation of Stop Payment Request

I hereby request that the Stop Payment placed on the above item by cancelled and that any future ACH transactions be honored by the credit union. I understand that by canceling the Stop Payment Request I am subject to possible overdrafts and returns if my account has insufficient funds in which to pay this item.

Member's Signature: _____ Date: _____