



ACH STOP PAYMENT REQUEST

MEMBER NAME

MEMBER #

ACCOUNT

DAYTIME PHONE

EMAIL ADDRESS

PAYMENT DATE

PAYABLE TO

AMOUNT

I agree that my account will be debited \$29.00 for this service (Refer to Disclosure Fee Schedule)

This form acknowledges member's request to stop payment on the electronic funds transfer shown above. The member agrees to hold the Drawee harmless from liability, costs and expenses arising from the Drawee's refusal to pay an item as to which the member has given a stop payment order. The Drawee agrees to exercise ordinary care in endeavoring to comply with such order, but if through inadvertence, accident or otherwise the Drawee pays the item contrary to the order, the member and the Drawee agree that the Drawee shall be immediately entitled to charge the member's account for the amount thus paid and such charge shall stand regardless of whether the member is entitled to recover from the Drawee on account thereof, and the member's sole remedy shall be to prove and recover only such actual money damages as may be occasioned to the member solely on account of such item.

This stop payment order shall remain in effect until written notice is received from the account holder to revoke the stop payment order.

NOTE: If a stop payment is placed via telephone/email request, we must receive your written request, with signature, within 24 hours or the stop payment will be removed.

AUTHORIZED SIGNATURE

DATE

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Print and sign this form. First Northern Credit Union must have this form hand delivered, mailed to First Northern Credit Union, 230 W. Monroe Street STE 2850, Chicago, IL 60606, or faxed to 312-332-3177 within 24 hours.
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First Northern Credit Union Use Only

System Updated

Fee Taken

Teller # _____ Date _____