



Corporate Headquarters  
 225 Chestnut Street  
 Rochester, NY 14604

# Written Statement for ACH Stop Payment

Please complete this form to place an ACH Stop Payment on the *previously* authorized electronic funds transfer shown below. This stop payment must be submitted at least three business days prior to the next incoming debit from this company. Completing this form will not credit funds to your account but will cause a stop payment to be placed on a *future* debit from this company. An oral request is effective for fourteen days, unless renewed in writing with ESL Federal Credit Union. You may fax the completed form to 585.336.1066.

Place New Stop Payment       Cancel Existing Stop Payment

Member Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking       Savings

Payee Name: \_\_\_\_\_ Company ID: \_\_\_\_\_

Member Number: \_\_\_\_\_

Date of Last ACH Transaction: \_\_\_\_\_ Amount of Last ACH Transaction: \$ \_\_\_\_\_

**Select One:**

Please place a **permanent stop payment** to the company named above for:

The next ACH transaction, any amount      **OR**       The exact amount of \$ \_\_\_\_\_

Please place a **one-time stop payment** which will remain in effect until the earlier of (1) my withdrawal of the stop payment order, (2) the return of the ACH/electronic withdrawal, or, where a stop payment order applies to more than one ACH/electronic withdrawal relating to a specific authorization involving a specific originator, the return of all such withdrawals.

The next ACH transaction, any amount      **OR**       The exact amount of \$ \_\_\_\_\_

I understand it is necessary to provide the correct information related to the transaction and failure to do so may result in the payment of the above item. I understand this stop payment does not cancel or change the contract I have with the originating company. To cancel that contract and terminate my pre-authorization debit, I must follow the specifications outlined in the contract I completed with this company. By directing ESL to stop a payment on this item, I agree to hold ESL harmless against any and all loss, claims, damages and costs, including court costs and attorney's fees that are incurred as a result of ESL having acted on this stop payment request.

I further declare that the debit entry was not originated with fraudulent intent by me or any person acting in concert with me and that the signature below is my own signature. If requested by the Originating Depository Financial Institution (ODFI), I agree that a copy of this statement may be provided. I assert that I am an authorized signer and/or have the authority to act on the account.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_