



Corporate Headquarters
 225 Chestnut Street
 Rochester, NY 14604 - 2424

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: _____

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:

Any future ACH transaction amount **OR** The exact amount of \$_____

Please place a **one-time stop payment** which is effective for six months from the company named above for:

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

A fee may be charged to the account listed above for each stop payment request. Refer to the ESL Fee Schedule or ESL Business Banking Fee Schedule for the exact fee charged.

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 ____/____/____

ESL Representative Name: _____ Department/Branch: _____