



**A.C.H
STOP PAY
REQUEST**

I hereby authorize TOYOTA FEDERAL CREDIT UNION to stop payment on the pre-authorized debit as outlined below. I understand that the completed request must be received by the CREDIT UNION no later than 3 business days before the scheduled date of the transfer to be valid. I understand that I may request the stop pay later than the 3 day period but in so doing bear all responsibility for any protested returns. I also understand that a fee of **\$25.00** for this service will be charged and the fee amount withdrawn from my account at the time the stop order is placed. By placing this stop order I indemnify and hold harmless the CREDIT UNION from all liabilities resulting from the processing of the stop order.

MEMBER NAME: _____ ACCT. # _____
(Please print)

DEBIT AMOUNT: \$ _____ SHARE TYPE: _____

DAYTIME PHONE () _____ DATE: _____

COMPANY I.D. _____ PAYEE _____
Must be Provided Company Name

Requestor's Signature _____

I understand that this stop order is valid only for one time and that this request will expire after the above noted debit would normally have posted to my account. I also understand and agree to reimburse the CREDIT UNION for any loss it sustains in honoring this request.

This section reserved for credit union use only:

Debit the Member's Account for the amount of the stop ACH fee and Credit GL # 132230. The GL entry must include a comment reflecting the Member's name, account number and "ACH Revocation".

Transaction By _____ Date: _____

Entry of data to Symitar System by: _____