ACH STOP PAYMENT REQUEST

Piedmont Advantage, a Division of Truliant Federal Credit Union, State of NC. I _____ depose and say I hereby request the payment to be stopped on an ACH debit entry from:

Company name _____

Member Number_____

Account Number_____

Transaction Amount _____

I understand I am required to also stop this ACH debit entry with the originator and/or initiator of this entry in writing.

Has this been presented on your account before?

☐ **YES**, the last date of debit was ___/___/_____ for $_____

☐ **NO**, Please note that if the item has not been presented before, the stop payment will not be in effect until the item is presented; however, we will strive to stop the debit from posting and return it to the originator.

According to ACH Rules & Operating Guidelines, stop payment orders must be placed at least 3 days prior to settlement.

Check applicable items:

☐ This is a permanent stop (ALL entries from the aforementioned company will be stopped indefinitely)

☐ This is a one-time stop for date on or about ___/____/_____

☐ Stop by this exact amount only $_____.___. Accept all other items from this company.

Member Signature _____ **Date** _____ **Daytime Phone** _____

A fee of $25 will be charged for all stop payment requests.

Sign and Return via Fax or Mail to:

Piedmont Advantage, a Division of Truliant Federal Credit Union
Attn: E-Commerce Department
3530 Advantage Way
Winston Salem, NC 27103
Fax: 336-744-8894

This form must be completed entirely before submitting to E-Commerce for processing.

Credit Union Use Only Request Taken By: _____ Date _____