

ACH Debit - Stop Payment Request

Fido #16678



This Stop Payment Request

1. Is only valid for an ACH Debit that has not posted to your account.
2. Must be given three (3) banking days prior to the scheduled debit(s).
3. Is subject to a fee as disclosed in the BECU Account Disclosure (\$25.00).
4. Is not valid for Bill Payment error resolution. Validate if the member initiated the ACH using BECU's bill payment if so, contact the e-reps. Use of this form could cancel the entire Bill Payment Service. It is strongly suggested to contact the financial institution that the bill payment was originated through.

ACH Debit=External Withdrawal, IAT Withdrawal or Electronic Check

BECU ACCOUNT NUMBER

MEMBER NAME

MEMBER PHONE NUMBER

()

Please select: Option #1 or #2

Option # 1- One Time Verbal Stop Payment Request

COMPANY NAME

AMOUNT

\$

Stop the next payment using the details above, this verbal stop payment will remain in effect until, the ACH debit is returned as stop payment or this stop payment is released by the member.

Option # 2- Recurring Stop Payment Request

COMPANY NAME

All future ACH Debits will be returned to the company as Stop Payment

This stop payment request will remain in effect for 14 days unless you provided your (a) written revocation request previously submitted to the company named above and (b) return the signed stop payment request. Upon receipt of such revocation request this stop payment shall remain in effect indefinitely.

The account holder understands that they must provide the correct information for the ACH debits. If the correct information is not provided it may result in the payment of the above items and the account holder agrees to hold harmless and indemnify BECU from all expenses, costs and damages incurred by payment of the item(s).

PRINT NAME- (Option #2 Only)

ACCOUNT HOLDER SIGNATURE- (Option #2 Only)

DATE

BECU USE ONLY

STOP PAYMENT REQUEST DATE AND TIME

BECU REP NAME AND EXTENSION

INTERNAL SUPPORT USE ONLY

ACH

NOTES

FEE

DATE STOP PLACED

EFT/IS REP NAME

BECU 6906 4/2013

Return Completed form:

Mail: BECU- M/S 1094-2

PO BOX 97050

Seattle, WA 98124

Or Fax to: BECU – Attn: Internal Support (206) 805-5612