

NE PA COMMUNITY FEDERAL CREDIT UNION

Affidavit for Stop Payment on an ACH Debit

State of Pennsylvania
County of Monroe

Member Name: _____

Member Account Number: _____

To place a Stop Payment to prevent future transactions from charging my account (check one):

_____ I would like a Stop Payment placed on my account to prevent any future debits from _____ (company name) from posting to my account. **I have not authorized and will not authorize this company to debit my account in the future. The Stop Payment will remain active for 1 year.**

_____ I would like a ONE TIME Stop Payment placed on my account to prevent the future debit from _____ (company name) for \$_____ from posting to my account. **The Stop Payment will remain active until the item attempts to post to my account or 1 year, whichever is sooner.**

I further depose and say that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I agree to at all times defend, indemnify, and hold harmless the NE PA Community Federal Credit Union, its agents, employees, directors, successors, and assigns, from and against any and all claims, actions, damages, liabilities, losses, and costs, including reasonable attorneys' fees and expenses, sustained or incurred by reason of the Credit Union's reliance on the statements contained in this Affidavit.

I declare under penalty of perjury under the laws of the State of Pennsylvania that the foregoing is true and correct.

Dated: _____ Signature: _____

Team member initials: _____ Date: _____

OPS Stop pay completed on Symitar: _____ Date: _____