

ACH STOP PAYMENT / DISPUTE(Written Statement of Unauthorized Electronic Debit by 3rd Party)**Employee Name/Teller Stamp (accepting form)** _____ **(Provide Copy to Member)****MEMBER / TRANSACTION INFORMATION**

Member Name(s): _____ Account #: _____ Suffix #: _____

Member Phone #: _____ Member Email: _____

Date Item Paid: _____ Payable to: _____ Amount: \$ _____

 1. ACH STOP PAYMENT**(Stops all future debits. If the item being stopped has recently cleared and needs to be returned, complete both Sections #1 and #3)****I understand the current Stop Payment fee will be charged to my account:** I request stop payment of the ACH item above, unless already paid or accepted. I understand this request will stop this and all subsequent payments. I also understand that this request may only be cancelled in writing by an authorized signer on this account.

I understand Kirtland Federal Credit Union (KFCU) will not be liable for payment of the ACH item contrary to this request unless payment is caused by KFCU's negligence which causes actual loss to me. KFCU's liability shall not, in any event, exceed the amount of the ACH item.

I certify that the transaction addressed above was not originated with fraudulent intent by me or any person acting in concert with me, and further certify that the signature below is my own proper signature, as an authorized signer on this account. I agree to defend, indemnify and hold harmless KFCU, 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 KFCU's reliance on the statements contained in this form and or acting on my request.

 2. REMOVE STOP PAYMENT**(To remove a previously placed ACH Stop Payment. Complete the Member / Transaction Information section above to identify / cancel appropriate Stop Payment.)** **3. WRITTEN STATEMENT OF UNAUTHORIZED DEBIT****(To dispute a single transaction or transactions which are related / same company. If the member does not wish for these previously authorized debits to pay in the future, complete ACH Stop Payment, Section #1 also.)**

I, the undersigned, hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason:

- I did not authorize the party listed above to debit my account.
- I revoked the authorization I had given to the party to debit my account before the debit was initiated.
- My account was debited before the date I authorized.
- My account was debited for an amount different than I authorized.
- My check was improperly processed electronically (converted from check to ACH electronic debit).

 Return item(s) dated _____, _____, _____, _____**I attest the information provided in this request is true and correct and that I am an authorized signer on this account with authority to place this Stop Payment/Dispute.****Member Signature:** _____ **Date:** _____