



ACH Stop Payment Form

The purpose of this form is to stop payment on an ACH transaction only, this does not include bill payment. If urgent, an ACH Stop Payment may be placed by phone, but is not guaranteed until after receipt of this form. This form must be completed within 14 days of the estimated date that the item is to be presented to the account. The Credit Union will confirm receipt and post it the same day if it is received by 11AM EST on a regular business day. If it is received after 11AM EST or on a weekend or holiday, then the request will be processed on the next working day.

If you believe there is or will be fraud on your account, please contact Member Services.

Member Information		
Member Name		Member Number Checking <input type="checkbox"/> Saving <input type="checkbox"/>
Daytime Phone	Cell Phone	Member Email Address
Stop Payment Details		
Originating Company Name		Date of Transaction (Approximate Date)
Transaction Amount \$	Check One: <input type="checkbox"/> This request is to stop an ACH Item ONE TIME ONLY . <input type="checkbox"/> This request is to stop an ACH item for (6) six months.	

Delaware Alliance Federal Credit Union is hereby directed to attempt to stop payment of the following ACH (Automated Clearing House) debit from my account as described above.

I agree that the Credit Union will not be liable for paying a debit for 3 banking days from the date the stop payment request (oral or written) is received.

I understand that the Credit Union cannot identify and therefore attempt to stop an ACH payment if the originating company name is different from the name shown above.

I agree to indemnify the Credit Union against all liability, loss, costs, damages, fees of attorneys and other expenses, including but not limited to any amount the Credit Union is obligated to pay on the item, which the Credit Union may sustain or incur in consequences of honoring this Request to Stop ACH Payment.

I agree that the Credit Union must receive this form signed within 14 days of an oral request to stop payment. If the Credit Union does not receive it, the stop payment will cease to exist.

If this is a request for a ONE TIME STOP, I understand that the Credit Union cannot guarantee the prevention of a payment that was "stopped" from being re-deposited and debited from my account. The only guarantee is by revoking my authorization directly through the above payee. I acknowledge that this stop payment order will remain in effect until the earlier of: (a) My withdrawal of the stop payment order; or (b) the return of the debit Entry, or, where a stop payment order applies to more than one debit Entry relating to a specific authorization involving a specific Originator, the return of all such debit Entries for up to (6) six months.

I acknowledge receipt of a copy of the Request to Stop Payment and accept and agree to the terms hereof. I understand there will be a charge for each stop payment processed on my account as disclosed in the schedule of fees.

A \$50 FEE will be charged to your checking account for processing the Stop Payment request. The Stop Payment will not be processed if the Fee is not available in the account. **The Stop Payment FEE is non-refundable.**

Member Signature	Date
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Fax this completed form to 302-577-2837, or scan & email to info@allyfed.org or deliver/mail to Credit Union office at All4You FCU 2320 N DuPont Hwy New Castle DE 19720-6327

Credit Union Use Only		
Date Received		Date Stop Payment Processed
OFI	Company ID	Processor Initials