



ACH (Electronic Payment) Stop Payment Form

Revised 2/11/16

_____	_____
Member Account Number	Name (Please Print)
_____	_____
Dollar Amount (or ALL)	Company Name
_____	_____
Duration of Stop (once, one month, ALL, etc ...)	Date of last posting

I hereby authorize Genisys Credit Union to stop payment on the above electronic transaction.

I understand the following:

- I must contact the Originating Company to cancel any future payments.
- Genisys Credit Union requires written confirmation of a verbal request for a stop payment order. While my verbal request will be processed, if written confirmation is not received by Genisys Credit Union, the verbal stop payment order will cease to be binding after 14 days.
- I will be charged a fee of \$28.00 for each Stop Payment.
- I/we understand that, by placing this stop payment request on the transaction(s) listed above that I agree to hold Genisys Credit Union harmless against any and all loss, claims, damages and costs, including court costs and attorney's fees that Genisys Credit Union may incur by reason of non-payment of the above transaction(s) if presented prior to withdrawal of these instructions, or the expiration thereof.

_____	_____
Date	Member's Signature

Please fax the completed form to (248) 322-6518 – **Attention Accounting.**

Or mail to: Genisys Credit Union
Attention: Accounting
P.O. Box 436034
Pontiac, MI 48343-6034

Internal Use Only

Branch: _____ Employee: _____ Date: _____