

Stop payment form instructions:

Complete this interactive form, print, sign, and return to Idaho for your request to be processed. Your signature is required on this stop payment form. We must receive this completed form in our office for this stop payment to be placed. A facsimile copy is acceptable and can be faxed to us at (208) 343-4587. A \$15.00 fee (per ACH stop payment request - one request per form) will be charged to your checking account listed below and must be collected prior to the stop being placed.



ACH Stop Payment Request

Member Name _____ Member Number _____ Date Placed _____

I am requesting Idaho to stop payment on the automatic withdrawal from: _____
Company Name

Idaho's computer system requires the exact company ID number for the item to be stopped.
Company ID Number (up to 10 characters)

Date to clear: _____ I wish to stop the next payment only I wish to stop all future payments from this company
(Please see instructions below)*

In requesting you to stop payment on this item, I agree to hold you harmless for all expenses and costs incurred by you on account of refusing payment thereof, and further agree not to hold you liable on account of payment contrary to this request if same occurs through inadvertence or accident, or if by reason of such payment, other items drawn by the undersigned are returned because of insufficient funds. I understand that if the item described herein is presented for payment at any Idaho office (other than the office of account) on the **same business day** this stop payment request is made, you will not be liable for failure to honor the stop payment request.

This request is effective for only 6 months. If a longer time period is needed, a renewal will need to be made. I understand this request may be withdrawn by me at any time. No renewal or withdrawal hereof shall be valid unless in writing and served at the Credit Union. I understand I will be responsible for the amount of the item if it is negotiated after the request has been withdrawn or after it has expired without being renewed.

Reason(s) for requesting payment stopped: _____

You are hereby authorized to charge my checking account with an initial Stop Payment fee of \$15.00.

Daytime phone number: _____ Member Signature (Required) _____

For Office Use Only:
Date & Time request received: _____ Employee Name: _____

The above request is withdrawn:
Release authorization: _____
Member Signature Date Released Date item stopped and returned by Credit Union

Revised 06/14/06

*If you elect to stop all future payments from this company, you are required to fill out, sign, and return the following **Notification of Unauthorized ACH Debit** form to Idaho before your request can be processed. When completing this form, please select and complete the option that best describes your situation. If you have any questions, please contact our ACH Specialist at (208) 344-7948 or toll-free 1-800-877-3174.

Revised 08/18/2006

NOTIFICATION OF UNAUTHORIZED ACH DEBIT

Written Statement Under Penalty of Perjury

State of _____
County of _____

I, _____, state that I have examined the attached statement or other notification from [Bank] indicating that an ACH debit entry was charged to my Account Number _____, on _____, 20__ in the amount of \$_____, and that the debit was unauthorized or improper.

An unauthorized debit (with the exception of TEL entries) means an electronic fund transfer from a consumer's account initiated by a person who was not authorized by the consumer, via a writing that was either signed or similarly authenticated, to initiate the transfer. With respect to TEL entries, an unauthorized debit means an electronic fund transfer from a consumer's account initiated by a person who was not authorized by the consumer, via an oral authorization, to initiate the transfer. An electronic fund transfer is an amount greater than that authorized by the consumer or that results in a debit to the consumer's account earlier than that authorized by the consumer also is an unauthorized debit. An unauthorized debit does not include an electronic fund transfer initiated with fraudulent intent by the consumer or any person acting in concert with the consumer. An improper debit means a Re-presented Check Entry [RCK], Point-of-Purchase Entry [POP], or Accounts Receivable Entry [ARC] that meets the criteria described in Section II below.

I. For unauthorized entries, I further state that: (check one)

- I did not authorize, and have not ever authorized, _____ (company name) to originate one or more ACH entries to debit funds from any account at [Bank].
- I authorized, _____ (company name) to originate one or more ACH entries to debit funds from my account, but on _____, 20__ I revoked that authorization by notifying _____ in the manner specified in the authorization.
- I authorized, _____ to originate one or more ACH entries to debit funds from an account at [Bank] but the amount debited exceeds the amount I authorized to be debited. The amount I authorized is \$_____.

OR

- the debit was made to my account on a date earlier than the date on which I authorized the debit to occur. I authorized the debit to be made to my account on or no earlier than _____, 20__.

II. For improper entries, I further state that: (check one)

for RCK entries:

- the item to which the entry relates is ineligible to be initiated as an RCK entry;
- the required notice stating the terms of the re-presented check entry policy was not provided by the Originator in accordance with the requirements of the ACH Operating Rules;
- all signatures on the item to which the RCK entry relates are not authentic or authorized, or the item has been altered;
- the amount of the RCK entry was not accurately obtained from the item; or
- both the RCK entry and the item to which the RCK entry relates have been presented for payment.

for ARC entries:

- notice was not provided by the Originator in accordance with the requirements of the *ACH Operating Rules*;
- the source document used for the debit entry is improper;
- both the source document and the ARC entry to which it relates have been presented for payment; or
- the amount of the ARC entry was not accurately obtained from the source document.

for POP entries:

- the debit entry for which the Receiver is seeking re-credit was not authorized by the Receiver;
- the source document used for the debit entry is improper; or
- both the source document and the POP entry to which it relates have been presented for payment.

I further state 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.

In the event a credit is posted to my account for the above unauthorized transaction, I understand that the credit is posted as a **provisional credit only** at that time, and may be reversed in the event that Idaho FCU is unable to collect funds caused by the adjustment.

I certify under penalty of perjury that the foregoing is true and correct.

Date

City

Signature

MSR Initials_____

Revised 5/12/2004