

ACH ORIGINATION STOP PAYMENT REQUEST

I, _____ depose and say I hereby revoke any authorization with
_____ (receiving institution) in the amount of _____, on or about
_____ into/from my account _____ (account number with KEMBA). I hereby request that
KEMBA stop payment on this item.

I also understand that a \$25 stop payment fee will be debited from my account for this stop payment (origination payments excluded from fee). I acknowledge that the origination of transactions to my account must comply with US law.

Check Applicable items:

- This is a permanent revocation. (ALL entries)
 Only this amount \$ _____ to be stopped; continue all other items.
 This is a one time revocation; date will be advanced to the next frequency. (Ex: this month only)

Stop pays must be placed in a timely manner that will allow our institution to act of upon the debit prior to posting. For PPD (Prearranged Payment and Deposit Entry) notification must be received at least 7 banking days before the scheduled date of the transfer.

A stop payment order will remain in effect earlier of the (1) until the payment of the debit entry has been stopped or (2) until the Receiver withdraws the stop payment order, whichever occur earliest.

It is the Member's responsibility to contact the company initiating the draft to have the draft permanently stopped. If the member is unable to receive a satisfactory response from the company then a "Written Statement of Unauthorized Debit" must be filled out.

Due to the nature of transaction many vendors have multiple source codes. Placing the stop pay does not guarantee that the item will be returned automatically. It is the member's responsibility to review their account and notify KEMBA immediately if an unauthorized item appears on the account.

Member
Signature _____

Date _____

*Written authorization must be provided within 14 calendar days from date of request or request will be null and void.

Sign and return to:

via email: info@kembafcu.org via fax: 540-387-2854 via mail: 2812 W. Main Street, Salem, VA 24153

Office Use Only STOP PAYMENT FOR ACH SYSTEM

Branch employee Signature _____ Time _____ Date _____ Acct Number _____
Time _____ Date _____ Member Number _____