

ACH STOP PAYMENT

OR

CLAIM OF UNAUTHORIZED TRANSACTION

DATE OF REQUEST
MO DAY YEAR

____ _

**PATENT AND TRADEMARK OFFICE
FEDERAL CREDIT UNION
501 Dulany Street, 1st Floor
Alexandria, VA 22314**

ACCOUNT NUMBER

CUSTOMER NAME

RETURN CODE

AMOUNT

R _____

\$ _____

EXPLANATION OF RETURN REASON CODES

**R07 – Authorization Revoked/Stop All Payments
R10 – Customer Advises Transaction Not Authorized**

R05 – Stop Payment n Specific Debit Only

Originating Company Name _____

Originating Company Name _____

Date of Payment _____

Date of Payment _____

Instructions Received By _____

Instructions Received By _____

Has Financial Institution received copy of letter terminating authorization?

Yes ____ **No** ____

By signing this form, customer acknowledges that the transaction(s) noted above was not properly authorized or that a previously existing authorization has since been revoked. In the case of authorization revoked, the financial institution may request from customer a copy of written instructions to company termination authorization.

This form acknowledges customer's request to stop the preauthorized electronic funds transfer(s) shown above. Unless the customer's signature appear below, the request was orally made and shall not be binding on the bank beyond 14 days from the date of this form unless onfirmed in writing by the customer within the 14-day period.

Customer Signature _____

Customer Signature _____