

**ACH Written Authorization**

I wish to stop the deduction from my Parkway Federal Credit Union account.

Company Name or Description \_\_\_\_\_

Company ID# (if available) \_\_\_\_\_ Amount of Deduction \$ \_\_\_\_\_

The deduction will be debited from my account on \_\_\_\_\_

Reason for the Stop Payment \_\_\_\_\_

*(In order for a stop Payment to be placed, all information must be provided exactly as it will appear when submitted for payment)*

**I understand that this stop payment of the above mentioned item is either a permanent stop or a stop for one payment or deduction.**

**I will not hold Parkway Federal Credit Union liable for non-payment as a result of this stop payment. I understand that I must contact the company to inform them of the stop payment and it is not the responsibility of the credit union. I also understand that if the deduction is for an insurance company, that it is my responsibility to contact them to make other arrangements for payment and that they may cancel my policy or coverage at any time.**

**I understand that there is a \$30.00 stop payment fee for the above mentioned item. I also understand that I will be liable for any items presented within 72 hours from the date and time this request is signed. Any item that clears prior to the 72 hr. period is the responsibility of the member.**

**The stop payment for the above mentioned item is:(please check one)**

**\_\_\_\_\_ A one time stop payment      \_\_\_\_\_ A permanent stop payment**

**Did I contact the Company in which I am placing the stop payment?    \_\_\_Yes    \_\_\_No**

I understand and I was advised that the only way to guarantee that the deduction will be stopped would be to close the account. The credit union is not responsible for future deductions from your account

\_\_\_\_\_

Members Signature

\_\_\_\_\_

Date