

Affidavit of Unauthorized ACH Debit Stop On All Drafts

Florida A&M University Federal Credit Union

1610 South Monroe Street, Tallahassee, FL 32301

Phone 850-222-4541 ▪ Fax 850-222-5401

I, _____, hereby declare and swear under oath that
(Member Name)

I knowlege that an automatic clearing house (ACH) debit entry was/will be charged to my account number _____, at FAMU Federal Credit Union, on or about _____, 20____, by _____, in the amount of \$ _____, I am requesting that a stop be placed on **ALL** drafts clearing the account.

The entry should be returned because: *(initial one)*

_____ I did not sign a written authorization with the company.

_____ I revoked the authorization with the company in the manner specified in the original authorization.

_____ The entry was/will be debited to my account earlier than I authorized.

_____ I want to release all stops.

I declare that the above statements are true and that any misrepresentation of the above facts may be perceived as a fraudulent act that may result in legal action taken against me. I further declare that the debit transaction was not originated with fraudulent intent by me or any person acting as agent for me, and that the signature below is my own proper signature.

Member Signature

_____, 20____
Date

DISCLAIMER

ACH stop payment requests must be received at least three banking days prior to the scheduled date of the transfer. FAMU Federal Credit Union will not be responsible for additional ACH transactions within the three-banking-day limit prescribed above nor after the initial request for stop payment. Please be advised that the Company name, Company source code and the amount indicated above must match exactly. For example, if you enter "ABC Company" and the ACH is transmitted as "ABC Company, Inc.", or any other variation, then the ACH entry will be considered valid and your account will still be debited. It is the responsibility of the member to contact the originating company to stop such transactions.

I have read the above disclaimer and agree to its terms _____ (member initials).

Acknowledged by financial institution: Sent/Requested via: Mail Facsimile In Person

C.U. Employee Name

_____, 20____
Date

C.U. Employee Signature