



Member's Name:	Checking Account Number:	Today's Date:
Name of Originating Company:	Date of Expected Debit:	Dollar Amount:

- I wish to stop all future debits regardless of the amount from the company specified.
- I wish to stop all future debits from the company specified in the amount indicated above.
- I wish to stop only one (1) payment from the company specified.

**Please select the best answer:**

Have you received an ACH debit from this Merchant before?  Yes  No

*If "No" is selected, please be advised that if the transaction has not occurred before, a stop payment will be placed strictly on the dollar amount.*

The ACH Stop Payment Order must be sent to Farmers Insurance Group Federal Credit Union (FIGFCU) **at least three (3) business days prior** to the date of transfer. If the order is not received in time, FIGFCU will attempt to honor the request, but assumes no liability or responsibility to any party having interest in the entry by doing so. The originating company may ask you to re-authorize ACH payments from your account.

The written stop payment order will remain in effect until either of the following:

- 1) The order is withdrawn by member
- 2) The return of all debit entries to which the stop payment order applies

**By signing this form, I attest that I have read this statement in its entirety and the information provided is accurate. I also acknowledge that a \$10.00 fee will be charged to my account.**

Member's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY:**

1. Are there any prior transactions from this merchant?  Yes  No
2. Did this transaction originate with the FIFCU?  Yes  No /What is the Pre-Auth number? \_\_\_\_\_ (Pre-Authorized Section)
3. Is the company name on this Stop Payment Order listed multiple times per the ACH Distribution list?  Yes  No

Checking Account Number: \_\_\_\_\_

Source ID: \_\_\_\_\_

1. Request Received by:	2. Date Received:
3. Stop placed by:	4. Date Stop Placed:
5. DNA Note Placed by:	6. Buddy checked by:

Please fax the completed form to ACH Department at **(323) 209-6740**, or email it to **ach@figfcu.org**. If you are unable to fax, email, or return the form to a branch, you may mail your signed, completed form to FIGFCU at the following address:  
**Farmers Insurance Federal Credit Union, Attn: ACH Department, 4601 S Wilshire Blvd, Ste. 110, Los Angeles, CA 90010**