



1440 Rosecrans Ave.
 Manhattan Beach, CA 90266
 800.854.9846 • www.kinecta.org

ACH - REVOKE/STOP PAYMENT REQUEST

Section 1	Name:	Member Number: _____-S_____
	Daytime Phone:	Cell Phone:
Section 2	Payment Type: <u>Pre-authorized Electronic Payment (ACH)</u>	Check One: <input type="checkbox"/> One-time Stop Payment Request <input type="checkbox"/> Permanent Revoke/Stop Payment Request
	Date Payment Scheduled: ____/____/____	
	Company Name (Originating Company Name):	
	Company ID Number (Identification Number currently being used by the Originator):	
	Exact Dollar Amount (dollars and cents):	
	Reason for Stopping Payment:	
Section 3	Fee Charged: \$25.00	
	<p>DISCLOSURE: A REVOCATION of authorization means that the written agreement with the originating company which was signed or similarly authenticated by an employee, customer, or member to allow payments processed through the ACH (Automated Clearing House) network to be deposited in or withdrawn from an account at a financial institution has been cancelled. This request must be received at least 3 business days before the payment is scheduled to be made. (Failure to give us your request at least 3 business days prior to a transfer, we may attempt, at our sole discretion, to stop the payment. We, Kinecta Federal Credit Union, assume no responsibility for our failure or refusal to do so, however, even if we accept the request for processing.) The requested revocation/stop payment may be placed using the Company Identification Number currently used by the Originator to debit or credit the account listed on this form. A fee will be imposed when the stop payment request is processed; see the current Schedule of Fees and Charges for the current fee. Revoking and/or placing a stop payment order on an electronic (ACH) item or draft will not cancel any authorization with the originator of the ACH transfer. You understand that you must contact the originator to cancel the automatic payment. Kinecta Federal Credit Union requires the information on this form to be verified by you.</p> <p>If the request is received verbally, read the remainder of this disclosure to the member.</p> <p>Failure to give us your request at least 3 business days prior to a transfer, we may attempt, at our sole discretion, to stop the payment. This form, the ACH — Revoke/Stop Payment Request form, will be used to provide confirmation of a verbal revocation/stop payment request placed by you, the account holder. You or an account owner must immediately notify Kinecta Federal Credit Union if any information contained on this form is incorrect. If we, Kinecta Federal Credit Union, are not notified of any misinformation, it will be assumed by Kinecta that the information listed on this form is accurate and complete according to the information provided by you. This revocation/stop payment request is permanent until written authorization is received from you, an account owner, releasing the stop payment request.</p> <p>You agree to defend and hold Kinecta Federal Credit Union harmless for all loss, damages, expenses, and cost incurred by us arising out of any third party claims with respect to Kinecta refusing payment pursuant to this revocation/stop payment order.</p>	
	Date: ____/____/____ Account Owner's Signature: _____	
	<p>Authorization to Release an ACH Stop Payment Order</p> <p>I, the member or an account owner, hereby authorizes Kinecta Federal Credit Union to release the stop payment listed above.</p> <p>Date: ____/____/____ Account Owner's Signature: _____</p>	
Section 4	Authorization to Release an ACH Stop Payment Order	
	Member Service Center Use Only	
Section 5	Location: _____ Teller Number: _____ Date Request Received: ____/____/____	

Mail to: **ACH Department c/o Kinecta Federal Credit Union, 1440 Rosecrans Avenue, Manhattan Beach 90266.**
 This form may also be faxed to: **ACH Department 310.727.8219.**