

Texas Bridge Credit Union
Affidavit of Stop Payment Of ACH Debit Entry

Date: _____

Name of Originator: _____ or Check # _____

Circle One: Stop Single Entry or Stop Multiple Entries (Enter date below)
(For Multiple Entries) Stop Pay Removal Date: _____

Amount: _____ Account Type: Checking ☐ Savings ☐

I, _____, Account # _____ understand that a verbal stop payment order will cease to be binding after 14 days. I may withdraw a stop payment order by providing written notice to Texas Bridge Credit Union prior to the item clearing. I understand that I will be responsible for the \$ _____ stop payment fee. For Consumer Accounts: A stop payment order by the Receiver, or (2) the return of the debit entry, or where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Originator, the return of all such debit entries. For Non-Consumer Accounts: A stop payment order will remain in effect until (1) The withdrawal of the stop payment order by the Receiver (2) The return of the debit entry or (3) six months from the date of the stop payment order unless it is renewed in writing. The Credit Union will not be responsible for any conflict occurring between the Originator and member(s) due to the return of this item. I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Member Signature Date

(If applicable) Verbal Request Date/Time

State of Texas

County of _____

SUBSCRIBED AND SWORN TO before me on the
_____ Day of _____, 20____.

Notary Signature

Printed Notary Name

My Commission Expires _____