## ACH Return / Stop Payment Request



Name:	Account #:
Company Name:	
Amount of Transaction:	Posting Date:
Reverse transaction posted to account: Yes N	o
Charge Fee to S:	\$24.00
obtained before an unauthorized debit ma	te that ACH Return / Stop Payment Request Form must be by be returned. completed form to a branch, or Fax it to 610-970-4728.
	d if: you never authorized the ACH transaction entry from this ount, but the transaction amount is different than the amount
☐ The authorization for the ACH transaction You authorized the ACH transaction but revoked the company name listed above, prior to the date the tr ~ This is not a valid return reason for Single- entry *If authorization is recurring, you must provide a co Merchant/Originator. (If not provided — one-time	e authorization, in accordance with your agreement with the ransaction posted to your account.  WEB or TEL entries  opy of the Confirmation of Revocation from the
unless I, the member, sign and return the form with request will cease to be effective 6 months from the	the credit union, the stop/return payment request will be void in 14 days of the initial oral request. I also understand that this e date shown below, unless it is previously canceled or renewed ion's responsibility to notify me when the time period lapses equest, I may be subject to pay another service fee.
company name or identification number, the debit return of any debits that have not been authorized	ame as stated above. If a debit is presented under a different will not be stopped or returned. However, I may request a by me within 60 days of the date of posting to my account. I required such as Statement of Unauthorized/Improper ACH of from the Originator/ Merchant.
the credit union's negligence and causes actual loss	he debit contrary to this request unless payment is caused by to me. The credit union's liability shall not in any event exceed redit union for any loss it sustains in honoring this request.
Signature of Member	Date
Staff Signature	 Date

Note: Please allow two business days for processing: Payments past 60 days may not be able to be recovered.

## Statement of Unauthorized/Improper ACH Debit Activity Affidavit



State of Pennsylvania		County of
l,	sta <sup>1</sup>	te that I have examined the attached statement or
		Jnion indicating that an ACH debit entry was charged
to my Account #	on	(date) in the amount of \$, and
that the debit amount was	unauthorized	or improper.
from a consumer's account a writing that was either sto TEL entries, an authoriz account initiated by a persuthorization, to initiate that authorized by the conthan that authorized by the does not include an electroany person acting in conce	it initiated by a igned or similar ed debit means on who was no he transfer. An asumer or that e consumer alsonic fund transert with the cor	on of TEL entries) means an electronic fund transfer person who was not authorized by the consumer, via rly authenticated to initiate the transfer. With respect is an electronic fund transfer from a consumer's contauthorized by the consumer, via an oral electronic fund transfer in an amount different than results in a debit to the consumer's account earlier is on is an unauthorized debit. An unauthorized debit is an unauthorized debit in initiated with fraudulent intent by the consumer or insumer. An improper debit means a Re-presented ary (POP), or Accounts Receivable Entry (ARC) that
For unauthorized entries,	I further state	that: (check one)
from this account; you author	onsidered unaut orized an ACH de	horized if: you never authorized the ACH transaction entry bit from this account, but the transaction amount is posted earlier than the date authorized; or a duplicate
	saction but revoed above, prior to	ked the authorization, in accordance with your agreement o the date the transaction posted to your account.
*If authorization is recurring Merchant/Originator.		vide a copy of the Confirmation of Revocation from the
		not originated with fraudulent intent by me or any person ture below is my own proper signature.
I certify that the foregoing is	true and correct	t.
Signature of Member		Date