



ACH Stop Payment Request Form Future Payments Only (\$30.00 Fee)

Member Name: _____ Phone: _____
Member Number: _____ Acct Number: _____

I hereby authorize HAR-CO to place a Stop Payment on the ACH debit listed below. This order will remain in effect until I have notified HAR-CO in writing to withdrawal the stop payment order. For a one time Stop Payment request, the order will remain in effect until the return of the debit entry. I understand that Stop Payments cannot be placed on debits that have already posted to my account. Please apply the Stop Payment Fee to my **Savings #:** _____ or **Checking #:** _____

Company Name: _____

Description of Debit: _____ Date item last paid: _____

(Select one)

Please place a **Permanent Stop Payment** on all ACH debits. Do not pay any future debits from this company.

Please place a **One-Time Stop Payment** on the ACH debits.

Exact amount of the ACH debit: _____ or All Transactions: _____

Date for one-time Stop Payment order to expire: _____ 180 Days maximum.
A permanent stop will be placed and member must request in writing to lift the stop payment for stops over 180 days.

Member Signature _____ Date: _____

This form must be completed in its entirety before the order can be processed. If sending the completed form by fax, please fax to 410-893-1232, Attention: Item Processing Department.

Office Use Only:

Branch Number	Teller Number	Branch Faxed
Fee charged to member using "SP" code.		(Y/N)