

**NORTHROP GRUMMAN FEDERAL CREDIT UNION**  
**879 W 190<sup>TH</sup> ST. GARDENA, CA 90248**  
**(800) 633-2848**

**ACH Stop Payment / Notice to Revoke Preauthorized Payment  
(And Claim of Unauthorized Transaction)**

Member Name \_\_\_\_\_ Account Number \_\_\_\_\_

I hereby direct Northrop Grumman Federal Credit Union to stop payment/ revoke the following Electronic Preauthorized Debit:

Company Name \_\_\_\_\_ Amount \_\_\_\_\_ Date of Debit \_\_\_\_\_

Return Code R \_\_\_\_\_ R07 (Authorization Previously Revoked)  
R08 (Stop one debit or series of debits only – Authorization still valid)  
Series dates to stop payment \_\_\_\_\_  
R10 (Transaction Not Authorized)

I understand that above payee/company name and amount **must be correct** for this Revocation to take effect.

I understand that if the company/originator changes the dollar amount of the item or their company identification information the item may pay.

I understand that if I am seeking recrediting to my account for a debit, that is the result of an unauthorized transaction already posted, that prior to having my account recredited, I also must submit a **Written Statement of Unauthorized Debit** to Northrop Grumman Federal Credit Union affirming that the company from which I am seeking reimbursement was not authorized by me or that the authorization for the transaction had been previously revoked by me. I may be required to provide Northrop Grumman Federal Credit Union with a copy of the letter terminating the contract with the originator.

I agree to indemnify Northrop Grumman Federal Credit Union against any and all liabilities, losses, costs, damages, attorney fees, and other expenses, including but not limited to, any amount Northrop Grumman Federal Credit Union is obligated to pay on the electronic debit, which it may sustain or incur as a consequence of honoring this request for revocation.

I understand that I must give notice at least three (3) business days prior to the anticipated date of the debit and that Northrop Grumman Federal Credit Union will not be liable for paying an electronic debit if made within said three (3) business day period.

This is authorization for Northrop Grumman Federal Credit Union to charge my account \$ **10.00** for this Stop Payment/ Revoke Preauthorized Payment request.

Account # \_\_\_\_\_

I understand that if this request is for a one time only stop payment, once that debit is rejected the stop will be canceled and all future debits will be posted.

I understand that I will be charged the same revocation fee for canceling this revocation request.

By signing below I agree to the above terms of this request for stop payment/revocation of preauthorized payment. I further represent that the debit transaction(s) described 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.

Member's Signature \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**BRANCH/TELLER** \_\_\_\_\_ **DATE** \_\_\_\_\_ **FEE CHARGED** \_\_\_\_\_  
**COMPANY ID #** \_\_\_\_\_ **INPUT BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NORTHROP GRUMMAN FEDERAL CREDIT UNION**  
**879 W 190<sup>TH</sup> ST. GARDENA, CA 90248**  
**(800) 633-2848**

**Written Statement of Unauthorized Debit (ACH)**

**Account/Transaction Information**

Member Full Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Amount of Debit \_\_\_\_\_  
Date Debit Posted to Account \_\_\_\_\_  
Company Debiting the Account \_\_\_\_\_

**Statement**

I hereby attest that (1) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (2) the debit was not authorized, and (3) the following, to the best of my ability to identify, is the reason for that conclusion:

I did not authorize the company listed above to debit my account.

On \_\_\_\_\_, I revoked the recurring payment authorization I had given to the company to debit my account. I did revoke my authorization before the debit was initiated.

I wish to stop any future debits connected with this revoked authorization

My account was debited before the date I authorized.

My account was debited for an amount different from what I authorized.

My share draft or check was improperly processed electronically.

Other (Please describe your reason in detail. The reason must comply with the NACHA Operating Rules.) \_\_\_\_\_

\_\_\_\_\_

**Signature**

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.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Date Received \_\_\_\_\_

Received By \_\_\_\_\_