

Please use this form to report a fraudulent or unauthorized ACH transaction involving either a Pre-authorized Withdrawal or Direct Deposit from a savings or checking account.

To speed the processing of your application, please follow these steps:

1. Complete the Stop Payment Request and Affidavit of Unauthorized or Improper ACH Form in its entirety. Incomplete or unsigned forms will delay processing of your request.
2. Fax your completed form to (530) 895-3411 or

Mail to: **STAR Community Credit Union**  
**550 Salem St.**  
**Chico, Ca. 95928**

You must in good faith, attempt to resolve this dispute with the merchant. Once you have made an attempt and have not been able to resolve the dispute, STAR must receive notification from you no later than sixty (60) days after you receive the FIRST Statement on which the problem or error appeared.

### **What you can expect**

---

Once you've faxed or mailed your completed form...

1. Within two business days of receiving your written notice of a disputed transaction, we will place a provisional credit in your STAR account while we investigate.

Your request is subject to the STAR Electronic Disclosure and Agreements. Please refer to the appropriate document for information on STAR's responsibilities and your rights regarding your dispute. This document is available at our branch.

**STOP PAYMENT REQUEST AND  
AFFIDAVIT OF UNAUTHORIZED  
OR IMPROPER ACH DEBIT**

Member Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Account Number \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date ACH Debit Attempted or Expected Date of ACH Debit \_\_\_\_\_  
Amount\$ \_\_\_\_\_ Reason for Stop Payment \_\_\_\_\_  
Company Name \_\_\_\_\_

**Select One:**  I need to place a stop payment on an ACH debit (complete Section I. below)  
 I am stopping payment on an ACH debit because it was improper or unauthorized  
(complete sections I. and II. Below)

**I. STOP PAYMENT REQUEST**

I am requesting that you stop payment on the item described above. I understand that my oral Stop Payment request will expire in fourteen (14) days unless I sign and return this form, and by signing the Stop Payment will remain in effect indefinitely. By directing STAR to stop payment on this item, I agree to hold STAR harmless against any and all loss, claims, damages, and costs including court costs and attorney's fees that are incurred as a result of STAR having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request must be received in time to give STAR reasonable time to act on it. I understand this request must be received no less than three (3) business days prior to the Expected Date.

If there is a conflict between time frames identified here and in your Truth-in-Savings Disclosure and Account Agreements, I understand this document prevails.

A \$10.00 fee, as disclosed in your Schedule of Fees and Service Charges, may be assessed to my STAR account for processing this Stop Payment Request.

\_\_\_\_\_  
Member's Signature Date

**II. AFFIDAVIT OF UNAUTHORIZED OR IMPROPER ACH DEBIT**

I, \_\_\_\_\_, formally declare that the entry described above is/was unauthorized and/or improper for the following reason.

**Select One:**  
I authorized \_\_\_\_\_ to originate one or more ACH entries to debit funds from my account, however, on \_\_\_\_\_, 20\_\_, I revoked this authorization by notifying them in the manner specified in the authorization, OR

- I did not authorize in writing or otherwise \_\_\_\_\_ to originate one or more ACH debits against my STAR account, OR
- I authorized \_\_\_\_\_ to originate one or more ACH debits against my STAR account but the debited/attempted amount exceeds the amount I authorized, OR
- I authorized \_\_\_\_\_ to originate one or more ACH debits against my STAR account but the debited/attempted date was earlier than I had authorized.

I further state that the debit transaction 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 penalties of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Member's Signature Date

Processed by \_\_\_\_\_ Date \_\_\_\_\_ Fee (Y,N,NA)