

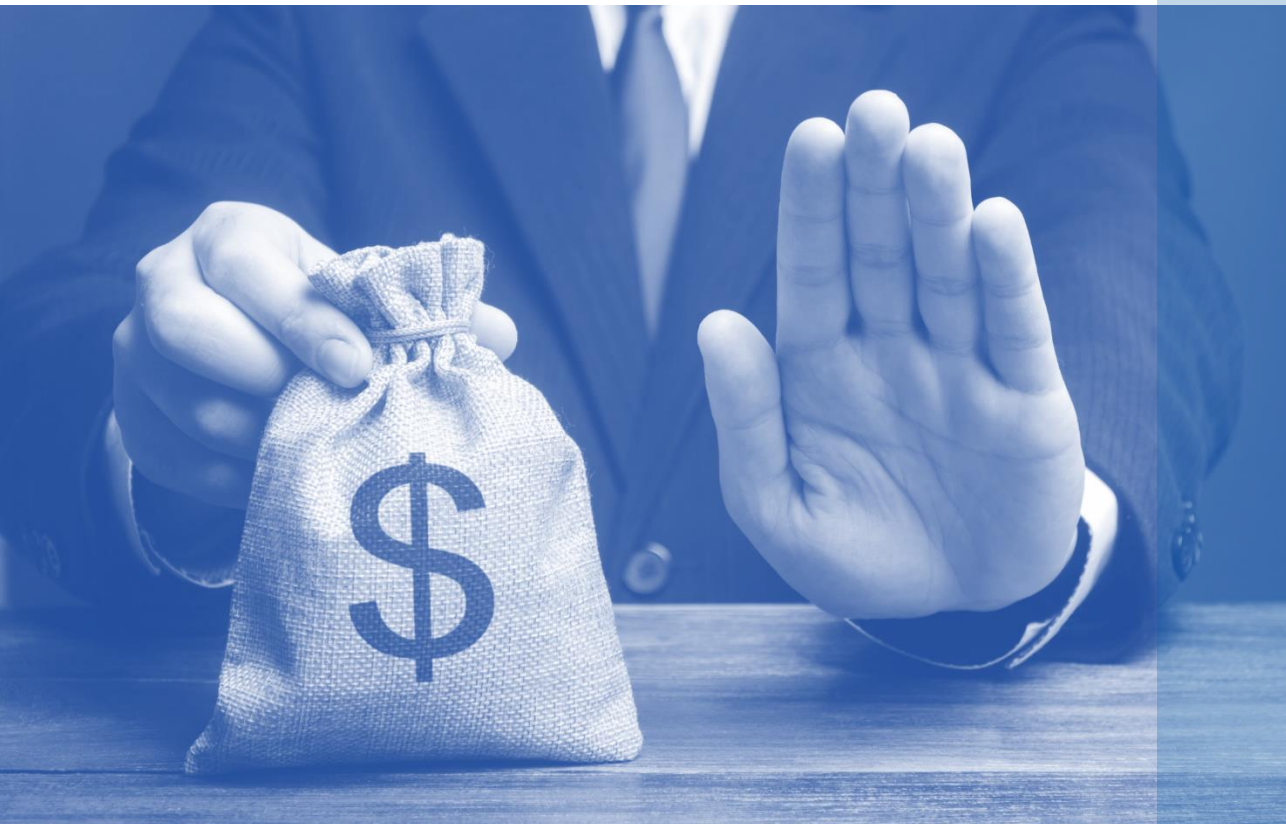


# MEMBER SERVICES

CALL TYPES

STOP PAYMENTS

JOB AID





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# Member Services Call Types

## Stop Payments

### Purpose

This job aid outlines the system requirements (DNA, DocuSign) and procedures used by Member Services to successfully receive and resolve member phone calls involving Stop Payments.

To view the Stop Payments topics that will be addressed in the job aid, refer to Table of Contents.

#### Common Member Stop Payment Inquiries

- I need to place a Stop Payment on a check
- Can I place a Stop Payment on a debit card transaction?
- Can I place a Stop Payment on a Bill Pay check?
- Can I remove a Stop Payment?
- What is the Stop Payment fee?



# Member Services Call Types

## Stop Payments

### Viewing Checks and ACH Stop Payments

1. In DNA, double-click a specific account on Relationship Profile.
2. Click Maintenance on the Green bar on the Deposit Account Maintenance screen.
3. Click Stop Payments on drop-down menu.

Tickler Smart Search Relationship Profile - HEFLIN, L.

### Stop Payments

Account Number 722110326807

Stop Payment External File Stop Request External File Stop By Amount Only

Selection Criteria

Stop as of Date 03-15-2023 Release Date Query

#### Stop Payment Detail

Beginning Check	Ending Check	Number	Created Date	Reason	Amount	Release Date	P
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Create Edit

#### Stop Payment Maintenance

Reason Beginning Release Date

Amount Ending

Number of Items

Payee Name

Stop Payment Charge

☐ Charge Per Item

☐ Waive Charge



# Member Services Call Types

## Stop Payments

### View ACH Items

1. Click on **External File Stop Request** tab on **Stop Payment** screen.

The **File Source Stop Request** grid will display this information:

- All companies that debit or credit the member's account.
- Any **ACH Stop Payments** placed on those companies.
- Our current 5-digit source numbers will be replaced with the actual companies' ACH ID.
- If there is a **Stop Payment** placed, there will be a **Y** in the Stop Debits or Stop Credits with no date in the **INACTIVE DATE** field.

Tickler Smart Search Relationship Profile - HEFLIN, L.

### Stop Payments

Account Number

#### External Files

File Type	Description	Stop Debit	Stop Credit	Stop Payment Charge	Waive Charge
ACH	Automated Clearing House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Source ID Search Criteria

Source Name from ☒ 0-9 ☐ A-H ☐ I-P ☐ Q-Z

#### File Source Stop Request

Source ID	Source Name	External Account Number	One-time Stop for Debits	Stop Debits	Stop Credits	Stop Amount	Tolerance Amount
A586000909	WHITFIELD COUNTY						

#### External File Stop Maintenance

Date Created  Stop Payment Charge

☐ One-time Stop for Debits ☐ Waive Charge

☐ Stop Debits for Source Waiver Amount

☐ Stop Credits for Source

Stop Amount  Inactive Date

Tolerance Amount



# Member Services Call Types

## Stop Payments

### Add Personal Checks

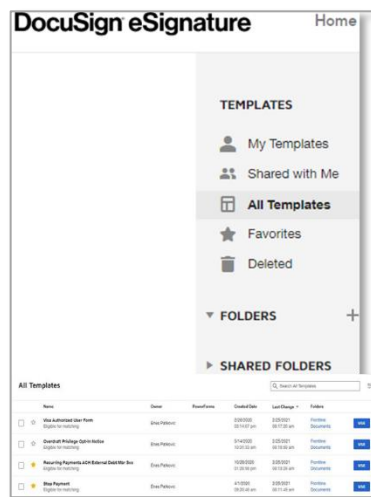
1. To place an immediate verbal personal check **Stop Payment** in DNA, review the check **History** to ensure item(s) has not already cleared.
2. Inform the member of the \$30 stop payment fee.
3. Inform the member that a verbal (phone) request will place a **Stop Payment** for 14 days and that Georgia's Own will need a written request to increase the **Stop Payment** to 1 year.
4. On DNA Relationship Profile, double click a specific account.
5. Click **Maintenance** on the **Green** bar on the **Deposit Account Maintenance** screen.
6. Click **Stop Payments** on drop-down menu.
7. Click **Create**.
8. Select **Reason** from drop-down menu.
9. Enter **Amount**, **Beginning-Ending** check numbers, **Number** of Items and/or **Payee Name**.

**Note:** Ensure that the correct Check Numbers and correct amount are entered in DNA with no typos.

10. Click **Process**.
11. Click **Process** on **Print** pop-up.
12. Access a blank **Stop Payment Form** in **DocuSign**. The blank form is also located on the HUB at this location. See [Appendix A](https://thehub.georgiasown.org/WebDAV/Member%20Forms/GO3712-Stop%20Payment%20Form.pdf.pdf).  
<https://thehub.georgiasown.org/WebDAV/Member%20Forms/GO3712-Stop%20Payment%20Form.pdf.pdf>
13. Select **Stop Payment DocuSign** form and click Use blue button to create blank form. Fill in the form and send it to the member to sign and date via DocuSign.

**Note:** The member **signs** and **dates** the form, and returns the completed form via DocuSign as a confirmation of the Stop Payment.

14. Ask the member to return the form within 14 days.





# Member Services Call Types

## Stop Payments

### Add ACH

**Note:** The MSR will **not** complete (add) an ACH Stop Payment in DNA but will follow these steps to facilitate the member request.

1. To address member phone request for ACH Stop Payment, review the ACH History in DNA to ensure item(s) has not already cleared.
2. Access the blank **Stop Payment Form** on the HUB at link below. The same form (labeled Stop Payment) is also located in DocuSign. See [Appendix B](#).

<https://thehub.georgiasown.org/WebDAV/Certified%20Forms/GO3712-Stop%20Payment%20Form.pdf>

3. Send the filled in form to the member via *DocuSign*, who will sign and date the form, and return it via *DocuSign*.

**Note:** If the form is returned via *DocuSign*, the form will automatically route to the ACH department for confirmation of Stop Payment.

4. Inform the member of the following:
  - There is a \$30 Stop Payment fee.
  - A Bill Pay ACH item cannot be stopped.
  - To release the Stop Payment or to restart the ACH item, the member must submit a written request.

**Note:** The following are system requirements for the One Time or Recurring ACH debit:

- The completed form can be used to stop a One Time or Recurring ACH debit.
- Source Company ID # 9500000000.
- Use MICR for the account number.
- Use Specific Amount or All DOLLAR AMOUNTS.



# Member Services Call Types

## Stop Payments

### Bill Pay Checks

Bill Pay checks are processed as draft checks. Follow the above Check Stop Payment process to place a stop payment on a check processed through *Payrailz* (Bill Pay). The stop payment fee is \$30. If 10 business days have passed since the expected delivery date and the payee has not received the check, the stop payment fee can be waived.

### Unauthorized ACH That Has Posted

1. Access a blank Written Statement of Unauthorized Debit Form via DocuSign. The blank form is also located on the HUB at this location. See [Appendix C](#).

<https://thehub.georgiasown.org/WebDAV/Member%20Forms/Written%20Statement%20of%20Unauthorized%20Debit.pdf>

**Note:** This form is to be completed by the member.

2. Send this blank form to the member via DocuSign for completion. Member completes, signs, and dates the form and returns it via DocuSign.

**Note:** If the completed form is returned via DocuSign, it will automatically route to the ACH department, who will reverse the posting, if deemed unauthorized.

If the completed form is returned to MSR by other means, email it to [ACHStaff@georgiasown.org](mailto:ACHStaff@georgiasown.org) for processing.

**Note:** Georgia's Own is unable to place a Stop Payment on a debit card transaction. These transactions are like cash transactions. If the debit card transaction is fraudulent, the member should contact *Fiserv* at 844-646-5484 once the item has posted. We cannot dispute pending transactions. The transaction must be hard posted to the account before we can initiate a dispute.





# Member Services Call Types

## Stop Payments

### Releasing Check and ACH Stop Payments

**Note:** Georgia's Own requires a written request from the member to release a Stop Payment. Released Stop Payments do NOT delete from the Stop Payment Detail grid in DNA. They only show a Release date in the past.

#### Release Check

1. In DNA, double-click the specific check **Stop Payment** in the **Stop Payment Detail** grid.
2. Change the **Release Date** to today's date.
3. Click **Process**.

#### Release ACH

**Note:** Releasing an ACH Stop Payment is processed by the **ACH Team**. If after 5 PM, contact **Support** to release.

In *DocuSign*, access the blank Stop Payment form and send to the member for completion.

Member completes, signs, and dates the form to release authorization. If the member returns it via *DocuSign*, the form will automatically route to the ACH department.



# Member Services Call Types


## Stop Payments

### Appendix

#### Forms: Examples and Blank Form Hyperlinks

##### A. Check Stop Payment Form

<https://thehub.georgiasown.org/WebDAV/Member%20Forms/GO3712-Stop%20Payment%20Form.pdf.pdf>

**GEORGIA'S OWN**  
CREDIT UNION

Georgia's Own Credit Union

Stop Payment

☐ STOP

☒ CHECK

☐ PERSONAL

☐ STOP RELEASE

☐ ACH/CONVERTED CHECK

☐ BUSINESS

Member Name: MARY SMITH

Account No. [REDACTED]

Merchant/Payee: VISA

Ending Check No. 1441

Beginning Check No. 1441

Anticipated Post Date 2-15-21

Date of Request 3-1-21

Reason for Stop Payment Lost in Mail

Amount of Stop Payment \$150.00

Stop Payment Fee \$ 30

☐ **Stop Single Entry:** The stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, or (2) the return of the debit entry.

☐ **Stop Recurring Entries:** Consumer accounts: The Stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, or (2) where a stop payment order is applied to more than one debit entry under a specific authorization with the Originator, and if I do not provide it within 14 days, the stop payment order will cease to be binding and subsequent payments will be allowed to post. Non-consumer accounts: A written stop payment order will remain in effect until the earliest of (1) the withdrawal of the stop Payment by the receiver, or (2) six months from the date of the stop payment order, unless it is renewed in writing.

I agree to hold harmless and indemnify the Credit Union for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly, according to the time requirements noted. I understand that the Credit Union Institution is not responsible for the posting or returning of errors caused by insufficient or inaccurate information.

In addition, I agree to hold harmless and indemnify the Credit Union from all cost, damage, or claims (as allowed by law) related to the Credit Union's actions in refusing payment, including all claims of any joint owner, payee, or endorsee.

I understand if the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order or the order will cease to be binding. I understand that the Credit Union is not to notify me when the stop payment order expires.

I understand that if I authorize another payment to this company for any amount, I must advise the Credit Union to prevent return of the newly authorized entry.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_




# Member Services Call Types

## Stop Payments

### B. ACH Stop Payment Form: ACH Debit Consumer Form

<https://thehub.georgiasown.org/WebDAV/Member%20Forms/GO3712-Stop%20Payment%20Form.pdf.pdf>

**Note:** The same form is available in DocuSign where it is named Stop Payment form.

**GEORGIA'S OWN**  
CREDIT UNION

Georgia's Own Credit Union

Stop Payment

☐ STOP

☐ CHECK

☐ PERSONAL

☐ STOP RELEASE

☒ ACH/CONVERTED CHECK

☐ BUSINESS

Member Name: MARY SMITH

Merchant/Payee: LA FITNESS

Beginning Check No. \_\_\_\_\_

Date of Request 3-1-21

Reason for Stop Payment Lost in Mail

Amount of Stop Payment \$200.00

Stop Payment Fee \$ 30

Account No. [REDACTED]

Ending Check No. \_\_\_\_\_

Anticipated Post Date 3-15-21

☐ **Stop Single Entry:** The stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, or (2) the return of the debit entry.

☐ **Stop Recurring Entries:** Consumer accounts: The Stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, or (2) where a stop payment order is applied to more than one debit entry under a specific authorization with the Originator, and if I do not provide it within 14 days, the stop payment order will cease to be binding and subsequent payments will be allowed to post. Non-consumer accounts: A written stop payment order will remain in effect until the earliest of (1) the withdrawal of the stop Payment by the receiver, or (2) six months from the date of the stop payment order, unless it is renewed in writing.

I agree to hold harmless and indemnify the Credit Union for all expenses, costs, and damages incurred by payment of the above item if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly, according to the time requirements noted. I understand that the Credit Union Institution is not responsible for the posting or returning of errors caused by insufficient or inaccurate information.

In addition, I agree to hold harmless and indemnify the Credit Union from all cost, damage, or claims (as allowed by law) related to the Credit Union's actions in refusing payment, including all claims of any joint owner, payee, or endorsee.

I understand if the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order or the order will cease to be binding. I understand that the Credit Union is not to notify me when the stop payment order expires.

I understand that if I authorize another payment to this company for any amount, I must advise the Credit Union to prevent return of the newly authorized entry.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



# Member Services Call Types

## Stop Payments

### C. Written Statement of Unauthorized Debt

<https://thehub.georgiasown.org/WebDAV/Member%20Forms/Written%20Statement%20of%20Unauthorized%20Debit.pdf>



# Member Services Call Types

## Stop Payments



### Georgia's Own Credit Union Written Statement of Unauthorized Debit

Member Name: \_\_\_\_\_ Debited Acct. No. \_\_\_\_\_

#### Debit(s) Information:

Date of Debit	Transaction Amount	Merchant/Company Name
_____	\$ _____	_____

Date of Debit	Transaction Amount	Merchant/Company Name
_____	\$ _____	_____

Date of Debit	Transaction Amount	Merchant/Company Name
_____	\$ _____	_____

#### Select one of the types of Debits:

##### I – The ACH debit was unauthorized

- ☐ The ACH debit was not authorized (Please complete Stop Payment form if needed).
- ☐ The ACH debit was for a different dollar amount than authorized (Amount Authorized) \_\_\_\_\_
- ☐ The ACH debit was posted earlier than the date authorized (Intended Post Date) \_\_\_\_\_

##### II – The authorization of the ACH debit was revoked

- ☐ Authorization for the ACH debit was revoked for the company above on a date prior to the date of the transaction (Date authorization revoked) \_\_\_\_\_.

##### III – Incomplete Transaction

- ☐ The authorized ACH debit was withdrawn from the account, but the company did not receive the funds.

##### IV – The check presented was improperly converted to an ACH debit

- ☐ Both a check and an ACH debit were presented for payment from the account.
- ☐ The check was improperly processed electronically.
- ☐ Other: \_\_\_\_\_

##### V- The ACH Debit was unauthorized for Business account (24 hour return time for CCD and CTX Standard Entry Class Code (SEC)) To determine an entry's SEC code: In DNA-Go to Quick Inquires/ACH Transactions, Input Account Number and Amount-Query, Locate "Standard Entry Class"

- ☐ The ACH debit was not authorized (Please complete Stop Payment form if needed).
- ☐ The ACH debit was for a different dollar amount than authorized
- ☐ The ACH debit was posted earlier than the date authorized

I further state that the debit was not originated with fraudulent intent by me or by any person acting in concert with me, and that the below is my own proper signature. I certify under penalty of perjury that the foregoing is the true and correct and that I am an authorized signer or have authority to act on this account.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Georgia's Own Credit Union • 100 Peachtree Street NW • Suite 2800 • Atlanta, GA 30303 • 404.874.1166 • 800.533.2062 • [georgiasown.org](http://georgiasown.org)

# MEMBER SERVICES

CALL TYPES

## STOP PAYMENTS



Member Services Support:

[MemberServicesSupport@georgiasown.org](mailto:MemberServicesSupport@georgiasown.org)  
(Internal Only)