



P.O. Box 3900, Springfield MO 65808
 Comenity Direct Customer Care: 833-755-4354
 direct.comenity.com

Instructions for Completing an ACH Stop Payment Request Form

Each disputed ACH transfer must meet the following criteria in order to be processed:

1. The accountholder must notify Comenity Direct and complete this form prior to Comenity Direct finalizing the ACH entry in order to place the stop payment. Please see the [ACH Stop Payment Request Form](#) for more detail on required time frames. We will attempt to satisfy your request for a stop payment, however we will not be held liable if sufficient time was not provided.
2. A Stop Payment form must be filled out for each disputed charge.
3. A signature is required on each form.

Comenity Direct must obtain an [ACH Stop Payment Request Form](#) from its accountholder prior to placing a stop payment on an ACH entry.

For questions about filling out this form, please contact Comenity Direct at:

(833) 755-4354, Monday – Friday, 8am – 5:00 CT

Please submit the [ACH Stop Payment Request Form](#) by one of the following methods:

Secure Message	Login to your online banking and select “Messages” from your menu or Dashboard then select to “Start a Conversation” → select the ⊕ icon next to “Type your message...” → select “Files” → select the completed form → type and title your message: ACH Stop Payment → select “Send”	
Fax	801-542- 9056	
Mail	Comenity Direct Attn: Comenity Direct Management P.O. Box 3900 Springfield MO 65808	For Overnight Delivery Comenity Direct Attn: Comenity Direct Operations 2131 E. Primrose Springfield, MO 65804

ACH Stop Payment Request Form

Financial Institution: _____
Account holder Name: _____
Account Number: _____
Originating Company Name: _____
Transaction Amount \$ _____ OR Any Amount
Check Serial Number: _____ (only for check-related debit entries)

For pre-authorized entries, three business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy the request of the accountholder, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day period. The accountholder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question. _____ (Accountholder Initials here)

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:

- I wish to stop all future payments from this Originator indefinitely
- I wish to stop the next payment only
(Future entries from this Originator are to be paid, unless I provide you an additional stop payment order)
- I wish to stop a series of payments
Identify the payment dates, or months, of the specific payments from the Originator you wish stopped:

This form acknowledges the accountholder's request to stop payment on pre-authorized electronic funds transfers as indicated above. The accountholder further represents 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.

Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

FOR COMENITY DIRECT OPERATIONS USE ONLY

Received By: _____ Received Date: _____