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ACH Stop Payment

Use this form to stop payment for an ACH Debit Transaction.

Member Information

Member Name _____

Credit Union Account Number _____

Transaction Information

Company Name _____

Amount _____

Withdrawal Date _____

One Time ACH Stop Pay

I understand that future debits will continue after this one payment is stopped and until I notify the company as stated in the agreement I signed with them.

Permanent ACH Stop Pay

I authorized one or more ACH entries to debit funds from my account, but on _____

I revoked that authorization by notifying _____

in the manner specified in the authorization. Please stop payment on the above ACH debit, unless notified by me.

Signature: _____ Date: _____

Printed Name: _____

***Any alterations made to this form will deem this form void.**

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