

# ACH STOP PAYMENT REQUEST FORM



Credit Union of  
Southern California  
BUILDING BETTER LIVES®

## MEMBER INFORMATION

Member Name \_\_\_\_\_

Member # \_\_\_\_\_

I hereby authorize Credit Union of Southern California (CU SoCal) to place a Stop Payment on the ACH debit listed below. This order will remain in effect until I have canceled it in writing. I understand that Stop Payments cannot be placed on debits that have already posted to my account.

SAVINGS

CHECKING

**A \$10 fee will be assessed to your account to place the Stop Payment.**

Company Name \_\_\_\_\_

Company ID # (if available) \_\_\_\_\_

Amount of debit \_\_\_\_\_

Date item last paid (if applicable) \_\_\_\_\_

## SELECT ONE:

Place a Permanent Stop Payment on the ACH debit. Do not pay any future debits from this company.

Place a One-Time Stop Payment on the ACH debit.

Date to expire One-Time Stop Payment order \_\_\_\_\_

Place a Stop Payment on a Series of Payments.

Date to expire Stop Payment on Series of Payments \_\_\_\_\_

Member Signature X \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Processed by \_\_\_\_\_  In Office

User ID# \_\_\_\_\_  By Phone

Date \_\_\_\_\_

Time \_\_\_\_\_ Verified By \_\_\_\_\_