

ACH Stop Payment Request Form

Member Name: _____

Member Number: _____

I hereby authorize Credit Union of Southern California 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 \$10.00 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:

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

Please place a One-Time Stop Payment on the ACH debit.

Date to expire One-Time Stop Payment order: _____

Please place a Stop Payment on a Series of Payments.

Date to expire Stop Payment on Series of Payments: _____

Member Signature: _____ Date: _____

Teller: _____