



STOP PAYMENT FORM

Date _____

Name _____

Account Number _____

Check Number _____

Amount _____

Reason _____

SERVICE CHARGE \$15

- Check written by member
- Point of purchase sale
- CU Check (Corp)
- Home Equity Line of Credit Checks

ACH authorized debit

Company Name _____

- One time single debit
- Revoking authorization (Affidavit Needed)

Member Signature _____

Original Form with signature must be returned within 14 days!

Phone Number _____

Office Use Only

Employee initials

Rec'd _____

Fee _____

Processed _____