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 o 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 (Under $500)*

Date_____

Time_____   Verified By_____

*Must receive written confirmation for all stop payments over $500. Exceptions require supervisor approval.