

ACH STOP PAYMENT

(For automated/electronic payments)

Date: _____ Acct #: _____

Member Name: _____

Company Name: _____

Routing Number: _____

Debit Amount: \$ _____

Your Day-Time Phone #: _____

Reason for stopping: _____

Please stop payment on the ACH item described above unless already paid or accepted. ***I understand that this request will stop only one occurrence of the item*** and that subsequent payments may be initiated, unless previously cancelled or renewed in writing. In addition I have notified the above named company of this action.

(Member Signature)

(Date)

This form must be signed and returned to the Credit Union within 14 days. If no signature is received the stop payment will be lifted.

Conservation Employees' Credit Union
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