



# ACH / SHARE DRAFT STOP PAYMENT REQUEST

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

Member Number \_\_\_\_\_

Starting Check # \_\_\_\_\_

Ending Check # \_\_\_\_\_

Amount of Check \_\_\_\_\_

Issue Date \_\_\_\_\_

Payee \_\_\_\_\_

## Reason for Stop Payment (check one that best applies)

### Share Draft

- Check lost in mail
- Checkbook lost / stolen
- Dissatisfied with service
- Dissatisfied with product
- Believe amount altered
- Defective merchandise
- Not enough money in account
- Checks have incorrect address
- Merchant account closed
- Cancelled order

### ACH

- One time stop
- Not authorized
- Revoked authorization
- Improper entry

Statement of Unauthorized Debit must be completed. Stop payment fee is waived.

**Notice – A \$15 charge will be assessed to your account for the stop payment. Stop payments remain in effect for 6 months.**

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

### For Credit Union Use Only:

Request received by \_\_\_\_\_

Date Loaded \_\_\_\_\_