

Branch:
Employee:



****Requests must be initiated at least 3 business days prior to the transaction date. There is a \$20 fee for this service. ****

ACH STOP PAYMENT REQUEST FORM

Member Name	Phone Number
Account Number	Company Name
Item Number	Amount

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:

- I wish to stop all future payments from this Originator indefinitely***
- I wish to stop the next payment only*** (Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)
- I wish to stop a series of payments*** Identify the payment dates, or months, of the specific payments from the Originator you wished stopped:

Member Signature **Date**

Phone Number