

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 on 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

Date _____

Time _____

Verified By _____