

Stop Payment Request Form

Member Name: _____

Teller Number: _____

Account Number: _____

Date: _____

Daytime Phone: _____

Time of call/walk-in: _____

Check Stop Payment

Check #: _____

Amount of check: _____

Check # Range: _____

Reason for stop pay: _____

Payee: _____

Fee Amount/Suffix: _____

Reason for no fee: _____

ACH Stop Payment

Check One

_____ *** Stop Payment (Item didn't clear account yet)**

_____ **** Authorization Revoked (Item cleared account)**

(Authorization was revoked with the merchant BEFORE the item cleared)
(Requires correspondence from member to merchant declaring their intent to Revoke Authorization)

(Web and Telephone transactions CANNOT be revoked)

_____ **** Unauthorized Transaction (Item cleared account)**

(Member never authorized the transaction)
(Member Authorized one transaction but another transaction came through Unauthorized)

Amount of Withdrawal: _____

Merchant / Company: _____

Date Item is Processed: _____

Fee Amount / Suffix: _____

Reason for No Fee: _____

*** Requires Signature**

**** Requires Written Statement Under Penalty of Perjury**

Member Signature: _____

Information & Technology Dept use Only

Processed By: _____

Date: _____