



F3 CREDIT UNION
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ACH STOP PAYMENT

Account # _____

I, _____, authorized _____ to originate one or more ACH entries to debit funds from my account,

But on ____/____/____, I revoked that authorization by notifying _____ in the manner specified in the authorization

And would now like to place a stop payment on \$_____ (I understand if I place a stop payment on a Dollar amount, that dollar amount indicated will have a stop payment indefinitely, unless I submit something in writing to request removing the stop payment)

The stop payment should be placed at least three business days before the scheduled date of any debit Entry and the stop payment request will be indefinite.

A Stop Payment order will lapse automatically after 14 calendar days if the order was oral and has not been confirmed in writing during that period.

I understand that I will be charged a fee of \$15.00 to process this transaction.

Signature _____

Date ____/____/____