



## ONE TIME ACH STOP PAYMENT INSTRUCTIONS

**General Information:**

**Please contact your local Branch or the Call Center at 916-444-6070 for assistance in identifying the transaction type before completing this form**

**Purpose:** This form is to initiate a one time stop payment on an ACH withdrawal. If the intent is to stop a stream of payments, please notify the originator in accordance with your agreement.

**Timing:** This form must be received 3 days before the transaction posts,

**Form completion:** Please complete the form with as much detail as possible. After the completed form is signed, you may return it:

- In person at your local branch
- By Fax: 916-449-2775
- By Mail: Sacramento Credit Union  
ACH Stop Payment Processing  
P.O. Box 2351  
Sacramento, CA 95812-2351



# SACRAMENTO CREDIT UNION

## ONE TIME ACH STOP PAYMENT

Date of Request: \_\_\_\_\_

Member Number: \_\_\_\_\_ S (type) \_\_\_\_\_

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

A stop payment request on an ACH debit transaction must be received three (3) business days prior to the next posting transaction date. It is a request to stop a single debit entry only, not intending to stop a stream of future payments. There is a \$19.00 fee for a stop payment on an ACH transaction.

\*Originating Company: \_\_\_\_\_

\*Amount: \_\_\_\_\_

\*Date of Next scheduled payment: \_\_\_\_\_

\*Has this transaction posted to this account before?      Yes      No

**\*To stop payment(s), all the information you provided must be accurate. If not the item(s) could be paid.**

This form acknowledges member's request to stop payment on the preauthorized electronic funds transfer shown above. Unless the member's signature appears below, the request was orally made and shall not be binding on the credit union beyond 14 days from the date of verbal notification unless confirmed in writing by the member within the 14-day period. If this form is not signed and returned by the member in 14 days, the stop will be removed and the item will be honored.

**Member Signature:** \_\_\_\_\_

**Contact Info:**

**Home** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Business:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SCU Checklist:**

Received by: OP # \_\_\_\_\_ Date and time received: \_\_\_\_\_

Scanned by: OP # \_\_\_\_\_ Date and time scanned: \_\_\_\_\_