

ACH Stop Payment Request

Name:	Member Number:		
Originating Company N	lame:		
Transaction Amount:	\$	OR	Any amount.
Check Serial Number:_	(only for	check-relate	d debit entries)
payment order is received w held liable if sufficient time v	vithin three business days of the was not provided. The account h	expected transf nolder also unde	ted transfer date of the debit entry is required. If the stop fer date, we will attempt to satisfy the request, but will not be erstands that it is necessary to provide the correct information count and transaction(s) in question.
For all non-recurring, single reasonable opportunity for u		stop payment re	equest must be provided in a timeframe that allows
Check the appropriate	box that pertains to the O	riginating Co	mpany listed above:
☐ I wish to stop a	all future payments indefin	itely	
☐ I wish to stop t	he next payment only. Idea	ntify the expected	payment date
☐ I wish to stop a	a series of payments. Identif	fy the expected pa	yment date range
A stop payment fee wil	II be assessed according to	the account	Fee Disclosure
_			lectronic funds transfers as indicated above. The account not originated with fraudulent intent by me or any person
			nount, I must advise Sacramento Credit Union to prevent nsible for posting or return errors caused by insufficient or
Signature			Date

Return completed form in person to a Sacramento Credit Union branch, by fax: 916-449-2785, or by mail: Sacramento Credit Union, P.O. Box 2351, Sacramento, CA 95812-2351