

ACH Stop Payment Request

Name	Account Number
Originating Company Name	
\$ _____	OR <input type="checkbox"/> Any Amount Is this a check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Transaction Amount	

For pre-authorized entries, three business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy your request, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day period. You also understand that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question.

_____ (Member initial here.)

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a time frame that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:

- I wish to stop all future payments from this Originator indefinitely
- I wish to stop the next payment only
(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)
- I wish to stop a series of payments
Identify the payment dates, or months, of the specific payments from the Originator you wished stopped:
- Other _____

A fee will be assessed to the account holder as payment for implementing this order: Fee Assessed: \$ _____

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers as indicated above. The account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

Member Signature	Date
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Scan and email the form: OperationsSupport@SkyOne.org	Fax: SkyOne Federal Credit Union ATTN: Operations Support 310.491.7410	Mail: SkyOne Federal Credit Union ATTN: Operations Support P.O. Box 5003 Hawthorne, CA 90250
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For Credit Union Use Only:

Instructions Received by: _____ Date: _____ Time: _____