

OLIVE VIEW FEDERAL CREDIT UNION

ACH STOP PAYMENT FORM

THIS ONLY STOPS THE NEXT ACH TRANSACTION

(To terminate the entire pre-authorized arrangement with the payee, you must contact the payee.)

Olive View FCU must receive your stop payment request a minimum of 3 days before the next payment is scheduled to post to your account. A \$25 fee will be charged for this stop payment request.

ALL information MUST be completed (#: 1 - 9)
In order for Olive View FCU to process this stop payment request.

Fax back to: (818)362-3467

1. Date of request: _____

2. Member's Name: _____

3. Account Number: _____

4. Daytime Phone Number: _____

ACH Stop Payment Request (you MUST be Specific and Complete)

5. Originating Company Name: _____

6. Check Number: _____ or Check Range #: _____ to #: _____

7. Exact Amount: \$ _____ (must be exact amount for the check to be stopped)

8. Reason for Stop Payment: _____

This form acknowledges a members' request to stop payment/return on the pre-authorized electronic fund transfer shown above. Unless: (1) All information is completed. (2) Member's signature appears below. (3) \$25.00 fee is available in the account; the request shall not be binding on the Credit Union.

9. Member's Signature X _____ Date: _____

Fee Posted: Y / N

Payment Stopped Date: _____