



Stop Payment Order of ACH Debit

Verbal Request Rec'd Date/Time

MSR

Member Name

Account Number

Merchant (Company) Name/Payable to

Company ID

\$
Amount

Anticipated Payment Date

\$
Service Charge

Was this transaction originally a check? If so, please provide the check number: _____

Stop single transaction only. *The stop payment order will remain in effect until (1) one payment of the debit entry has been stopped, or (2) until you provide written notice to release the stop payment order. Notify the Company that a stop payment was placed on a single entry and direct them to continue the recurring payments.*

Stop all future transactions. *I agree that if I am requesting the stop of all future transactions from this company, Spirit of Alaska FCU may request the documentation provided to the Company to stop the above transactions.*

Please stop the payment on the preauthorized electronic funds transfer shown above. I agree that Spirit of Alaska FCU is only required to act on this stop payment if the debit is for the exact amount shown above and is received in time for Spirit of Alaska FCU to have a reasonable opportunity to act. [Unless an authorized signature appears below, the request was accepted orally and is not binding beyond 14 days from the date of this form.] I understand that if I authorize another payment to this company for any amount, I must advise Spirit of Alaska FCU to prevent return of the newly authorized entry. Spirit of Alaska FCU is not responsible for posting or return errors caused by insufficient or inaccurate information.

Authorized Signature

Date

Note: For questions or clarification, please contact the ACH Department. Not valid for ACH Debits that have already posted to the account.

Request Withdrawn

Date: _____ Member: _____ Teller: _____