



Release ACH Stop Payment Request

The following information must be completed in order to remove the ACH stop payment:

- (1) Date of Request: _____
- (2) Member Name: _____
- (3) Member Account Number (from which ACH is made): _____
("Account")
- (4) Name of Party Making Debit (as shown in Member's Statement):
_____ ("Originator")
- (5) Amount: \$ _____
- (6) Reason for Release: _____

Member Signature: _____ Daytime Phone #: _____

Print Name: _____

Print Employee Name: _____ Teller Number: _____

Print Supervisor Name: _____

Service Center: _____ Ext: _____