



**Star USA Federal Credit Union  
Automated Clearing House Stop Payment Form**

**I authorize Star Federal Credit Union to stop payment on the following item(s).  
This stop payment must be received at least three banking days before the  
scheduled date of the transfer.**

**Name of Originating Company:**\_\_\_\_\_.

**Originating Company ID:**\_\_\_\_\_.

**Member Number:**\_\_\_\_\_.

**Member Name:**\_\_\_\_\_.

**Amount of Stop Payment:**\_\_\_\_\_.

**Date of Transaction:**\_\_\_\_\_.

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\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

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**For Credit Union Use:**

**Date of Stop Payment:**\_\_\_\_\_.

**Stop Payment Authorized Signature:**\_\_\_\_\_.

