

ACH STOP PAYMENT FORM

I AUTHORIZE THE STAR FEDERAL CREDIT UNION TO STOP PAYMENT ON THE FOLLOWING ITEM.
THIS STOP PAYMENT MUST BE RECEIVED AT LEAST THREE BANKING DAYS BEFORE SCHEDULED DATE OF TRANSFER.

Name of other Financial Institution: _____.

ABA Number of other Financial Institution: _____.

Account number of other Financial Institution: _____.

FOR CREDIT UNION USE:

Amount of Stop Payment: _____.

Frequency of Transfer: _____.

Date of Transaction: _____.

Debit or Credit to other Financial Institution: _____.

(Member Signature)

Date of Stop Payment: _____.