



**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. There is a \$30.00 fee for this service.**

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

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

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

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

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

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

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

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

**For Credit Union Use:**

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

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

