



Federal Credit Union

Account Owner

Account Number - Suffix

Fax: (860) 627-4276

STOP PAYMENT AUTHORIZATION FORM

TYPE OF STOP PAYMENT ACTION REQUESTED: (see Rate and Fee Schedule for applicable fee)

Form with checkboxes for CHECK (Share Draft), ACH (electronic) withdrawal, CREDIT UNION CHECK, ONE-TIME only ACH stop payment, and REMOVE an existing stop payment.

Processed by (initials): Date/Time: Fee:

Stop Payment Terms: 360 Federal Credit Union (360FCU) agrees to stop payment on the below-referenced items(s) whereas the accountholder (member) agrees to the following conditions.

SECTION A: CHECK (SHARE DRAFT) STOP PAYMENT

Check number(s): Amount of check Payable to:

SECTION B: ACH (ELECTRONIC) WITHDRAWAL STOP PAYMENT

Please place a Permanent Stop Payment on the ACH debit. Do not pay any future debits from this company.

Please place a One-Time Stop Payment on the ACH debit.

Exact amount of ACH Debit: Company Name:

Date for one-time Stop Payment Order to expire:

SECTION C: REMOVE EXISTING STOP PAYMENT (REVOCATION)

CHECK Check number (s):

ACH Company Name: Date of Stop payment:

I certify under penalty of perjury that the information provided is true and correct and that the transaction referenced above is not originated with fraudulent intent.

Member Name (printed): Daytime Phone:

Date: Time:

Member Signature (required):