



STOP PAYMENT CANCELLATION

ACH Check

Account/Transaction Information

Member Name: _____

Account #: _____

Check #: _____

Date of Debit: _____ Date of Check: _____

Amount of Debit: _____

Party Debiting the Account: _____

Statement

I hereby request Credit Union West to cancel my previous authorization to place a Stop Payment on the above Check/ACH Debit. I authorize Credit Union West to honor the Debit from the above named party to clear my account as indicated above.

Signature

I am an authorized signer, or otherwise have authority to act on the account identified in this statement and I request the above Check/ACH Debit to clear my account.

Signature: _____ Date: _____

Primary Phone: _____ Email Address: _____

Credit Union use only

Employee Initials	Date Received	Time Received
-------------------	---------------	---------------