

**CALIFORNIA COMMUNITY CREDIT UNION**  
**ACH STOP PAYMENT REQUEST**

Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Originating Company Name: \_\_\_\_\_

Transaction Amount: \$ \_\_\_\_\_ **OR**  Any amount

Check Serial Number: \_\_\_\_\_ *(only for check-related debit entries)*

For pre-authorized entries, three business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy the request of the account holder but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day period. Stop Payment requests can only be done by stopping a particular company ID. **In order for the credit union to obtain a company ID, that company must have withdrawn from the account in the past.** The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question. \_\_\_\_\_ *(Account Holder initial here).*

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

**Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:**

- I wish to stop all future payments from this Originator indefinitely
- I wish to stop the next payment only  
*(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)*
- I wish to stop a series of payments  
*Identify the payment dates, or months, of the specific payments from the Originator you wish stopped:*

\_\_\_\_\_

**A fee will be assessed to the account holder as payment for implementing this order:**

Fee Assessed: **\$26.00**

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers as indicated above. The account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>For financial institution use only:</b>	
Instructions Received by: _____	
Date: _____	Time: _____