

SHARONVIEW FEDERAL CREDIT UNION

PO Box 2070
Fort Mill, SC 29716
800-462-4421

ACH ORIGINATION STOP PAYMENT REQUEST

SFCU Branch _____ State of _____

I, _____ residing at _____ depose and say I hereby
revoke any authorization with Sharonview Federal Credit Union to *originate* a debit/credit entry into/from
_____ (receiving institution) in the amount of _____, on or about _____
into/from my account _____ (account number with SFCU). I hereby request that Sharonview Federal
Credit Union stop payment on this item.

Check Applicable items.

- This is a permanent revocation. (ALL entries) Only this amount to be stopped; continue all other items.
- This is a one time revocation; date will be advanced to the next frequency. (Ex: this month only)

Member
Signature _____ Date _____

*Written authorization must be provided within 14 calendar days from date of request or request will be null and void.

Sign and return to:
Sharonview Federal Credit Union Po Box 2070, Fort Mill, SC 29716 Attn: Accounting Department



Branch Use Only
STOP PAYMENT FOR ACH SYSTEM
Please note that this form should only be used for items originated by SFCU.

Branch Name and number _____ Oral Request
Branch employee Signature _____
Time _____ Date _____ Member Number _____
Member Name _____ Share Check ID Number _____
ACH Amount _____ ACH Date _____
Member Signature Verified By _____

MUST BE COMPLETED BY BRANCH BEFORE SUBMITTING TO ACCOUNTING

Accounting Use Only

Date Received _____ Company ID SFCU-1253075303
Stop Payment Start Date _____ Expires _____
Removed _____
Accounting Employee Signature _____

This form must be completed in its entirety before submitting to Accounting for processing.