



FEDERAL CREDIT UNION

PO Box 2070, Fort Mill, SC, 29716
800.462.4421 • 704.969.6748
sharonview.org

ACH/EFT Origination
Stop Payment Form

Member Name: _____ Account Number: _____

Address: _____ Share #: _____
4-Digit Sub Account Number
OR

City, State, Zip Code: _____ Loan #: _____
4-Digit Sub Account Number

****Submission of form via unsecured channels may result in compromised personal information.****

To Revoke Authorization

ACH Origination Stop Payment must be received in writing at least 10 business days prior to settlement

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

I hereby revoke any authorization with Sharonview Federal Credit Union to originate a debit/credit entry into/from the following financial institution for the amount stated and on the date listed on this form. I hereby request that Sharonview Federal Credit Union stop payment on this item.

Financial Institution Name: _____

Routing & Transit Number: _____

Account Number (Other financial institution): _____

Date of Next ACH Origination: _____

Amount of ACH Origination: _____

Select Applicable Item:

One-Time Revocation (Advance to next origination date - stops only one withdrawal)

Permanent Revocation for Above ACH Withdrawal (stops all future withdrawals from occurring)

Member Signature: _____ Date: _____ Branch Employee Signature: _____ Date: _____

Branch/Department _____ Teller Number: _____

Accounting Use Only

Date Revocation Received	Revocation Processed Date	Processed By	Revocation Expiration Date