



PO Box 2070 Fort Mill SC 29716  
sharonview.org ♦ 800.462.4421

# ACH/EFT Origination Stop Payment Form

Member Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
Street, City, State, & Zip Code

E-Mail: \_\_\_\_\_

Account Number: \_\_\_\_\_ Share Number: \_\_\_\_\_ 4-Digit Sub Number **OR** Loan Number: \_\_\_\_\_ 4-Digit Sub 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 5 business days prior to settlement\***

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.

Complete Name of Financial Institution: \_\_\_\_\_

Complete 9-Digit Routing Number: \_\_\_\_\_

Account Number (Other financial institution): \_\_\_\_\_

Date of Next ACH Origination: \_\_\_\_\_

Amount of ACH Origination: \_\_\_\_\_

## Request Type

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