



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