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\$15.00 SERVICE FEE WILL BE CHARGED TO DRAFT ACCOUNT

Request to Stop ACH Debit Activity

Received at _____, _____, 20____, by _____
(Time) (Date) (Credit Union Representative)

I, _____, request a stop payment be placed on an ACH
debit (Member Name)

scheduled to be processed against my account (Account Number _____) by

_____ on _____, 20 ____ in the amount of \$ _____.
(Company Name) (Date)

I understand this authorization must be received by Greenville Federal Credit Union at least three business days prior to the scheduled debit transaction date. Only the next scheduled ACH debit, as identified above, is affected by this ACH Debit Request. The credit union assumes no liability regarding future ACH debit transactions. To stop a single future debit transaction, I understand a new Stop ACH Debit Request form must be completed. To stop all future debit transactions by company identified above, I understand it is my responsibility to notify them, in writing, to revoke any authorization they may have on file allowing ACH debit transactions against my account(s) at Greenville Federal Credit Union.

*\$30.00 per stop order if account balance is insufficient to clear stopped item.

Dated: _____ Signed: _____

Fax Number: (864) 241-3750