14040 Central Loop, Woodbridge, VA 22193 • 703.730.1800 • 1.888.503.2328
Fax: 703.730.1410 • www.belvoircreditunion.org • contactcenter@belvoirfcu.org

ACH STOP PAYMENT ORDER FORM

Member Name: _____

Account Number: _____ **Share ID:**_____

Stop Payment Type (Choose One):

- ☐ Single ACH Stop
- ☐ All ACH Stop

Company I.D. Number: _____

Stop ACH Type (Choose One):

- ☐ Stop Debits Only
- ☐ Stop Credits Only
- ☐ Stop Debits and Credits (Default)

Name of Company: _____

Amount of Electronic Item: _____

Expected Withdrawal Date: _____

Reason for Stop: _____

_____

SINGLE ACH STOP PAYMENT WILL STOP THE FIRST TRANSACTION.

ALL ACH STOP PAYMENT WILL STOP ALL TRANSACTIONS INDEFINATELY.

A fee of $30 is charged for each stop payment. This fee has been deducted from your account.

Members Signature:_____ **Date:**_____

CU Use:

Request Taken By:	_____	_____	_____
	BFCU Employee	Teller No.	Date
Accounting:	_____	_____	_____
	BFCU Employee	Teller No.	Date