



ACH ORIGATION STOP PAYMENT REQUEST

Branch _____

I, _____ residing at _____ depose and say I hereby revoke any authorization with Beach Municipal Federal Credit Union to *originate* a debit/credit entry into/from _____ (receiving institution) in the amount of _____, on or about _____ into/from my account _____ (account number with Beach Municipal Federal Credit Union). I hereby request that Beach Municipal Federal Credit Union stop payment on this item.

To process this, you will be charged a \$30 Stop Payment fee.

Check Applicable items:

- This is a permanent revocation
- This is a one time revocation; date will be advanced to the next frequency. (Ex: this month only)

Member Signature: _____ Date _____

**Written authorization must be provided within 14 calendar days from date of request or request will be null and void.*

Sign and return to: Beach Municipal Federal Credit Union, 4164 Virginia Beach Blvd., Virginia Beach, VA 23452
Attn: ACH Department

STOP PAYMENT FOR ACH SYSTEM ~ Branch Use Only

Please note that this form should only be used for items originated by Beach Municipal Federal Credit Union.

Teller Number _____ Verbal Request Written Request
 Employee Signature _____
 Time _____ Date _____ Member Number _____
 Member Name _____
 Loan Draft ID # or Last Four Digits of Credit Card _____
 ACH Amount _____ ACH Date _____
 Member Signature Verified By _____

MUST BE COMPLETED BY BRANCH BEFORE SUBMITTING TO ACH DEPARTMENT

ACH Department Use Only

Date Received: _____

Removed: _____

ACH Department Employee Signature: _____

This form must be completed in its entirety before submitting to the ACH Department for processing.