



**ACH STOP PAYMENT REQUEST**

Piedmont Advantage Credit Union, State of NC. I \_\_\_\_\_ residing at \_\_\_\_\_  
depose and say I hereby request the payment to be stopped on an ACH  
debit entry from \_\_\_\_\_ in the amount of \$ \_\_\_\_\_, on or about  
\_\_\_\_\_ (day/date) from my:

Member Number \_\_\_\_\_  
Account Number \_\_\_\_\_

I understand I am required to also stop this ACH debit entry with the originator and/or initiator of this entry in writing.

Has this been presented on your account before? **YES** **NO**

*If the item has not been presented, the stop payment will not be in effect until the item is presented.*

*\*According to ACH Rules & Operating Guidelines, stop payment orders must be placed at least  
3 days prior to settlement.*

Check applicable items:

- This is a permanent stop (ALL entries will be stopped indefinitely).
- This is a one-time stop (for example: this monthly only).
- Only this amount to be stopped. Accept all other items from this company.

**Member** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

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

**A fee of \$25 will be charged for all stop payment requests.**

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**Sign and Return via Fax or Mail to:**

Piedmont Advantage Credit Union  
Attn: E-Commerce Department  
3530 Advantage Way  
Winston Salem, NC 27103  
Fax: 336-744-8802

**This form must be completed entirely before submitting to E-Commerce for processing.**

Credit Union Use Only Request Taken By: \_\_\_\_\_ Date \_\_\_\_\_