



ACH STOP PAYMENT REQUEST

Piedmont Advantage Credit Union, State of NC. I _____ depose and say I hereby request the payment to be stopped on an ACH debit entry from:

Company name _____

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, the last date of debit was ___/___/___ for \$_____

NO, Please note that if the item has not been presented before, the stop payment will not be in effect until the item is presented; however, we will strive to stop the debit from posting and return it to the originator.

****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 from the aforementioned company will be stopped indefinitely)

This is a one-time stop for date on or about ___/___/_____

Stop by this exact amount only \$____.____. Accept all other items from this company.

Member
Signature _____ **Date** _____ **Daytime Phone** _____

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: 336-744-8894

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

Credit Union Use Only Request Taken By: _____ Date _____
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