



LONG BEACH FIREMEN'S CREDIT UNION

2245 Argonne Avenue Long Beach, CA 90815 Phone: 562-597-0351 FAX: 562-597-0453

SHARE DRAFT STOP PAYMENT REQUEST

Member Name: _____ Account Number: _____

Date Draft Written: _____ Amount of Check: _____

Draft Number: _____ Payable to: _____

I understand the credit union will do its best to stop the payment from being made but will not be held liable if payment cannot be stopped.

Signature: _____ Date: _____

ACH DEBIT STOP PAYMENT REQUEST FORM

Please stop payment of the Automated Clearing House (ACH) debit specified below.

Payee/Originator: _____

Amount \$ _____

Member Name: _____

Account number with Credit Union: _____

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that I wish to stop this debit transaction for any future ACH transaction on my account.

In order to be effective, the Stop-Payment Order must be received in time to allow the credit union a reasonable opportunity to act on it. For debits to consumer accounts not initiated by check or authorized using a voided check, ACH rules generally require that the order be given at least three banking days before the scheduled transfer. The order must specifically identify the transaction. ORAL STOP-PAYMENT ORDERS (INCLUDING BY PHONE) are binding for 14 days only, unless confirmed in writing within the 14-day period. A valid Stop-Payment order remains effective until the earliest of the following: 1) The payment is stopped 2) You release the stop payment order.

Signature: _____ Date: _____