



Stop Payment Release

I. Account/Transaction Information

Name _____ **Account Number** _____

Day time Phone Number _____ **Date of Request** _____

ACH **Originator Name** _____ **Amount** _____

Draft Number(s) _____ **Loan Draft Number(s)** _____

Reason: _____

II. Statement

ON-US Check

I request allU.S. Credit Union to release this stop payment request. I am aware that check(s) may have been returned since I placed the stop payment request and the check(s) may still be returned within 24 hours after returning this completed form.

ACH Debit

I request allU.S. Credit Union to release this ACH Debit stop payment request. I am aware that the ACH debit may have been returned since I placed the stop payment request and that the item may still be returned within 24 hours after returning this completed form.

I am an authorized signer, or otherwise have authority to act on the above account. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Member Signature

Date

Mail to: allU.S. Credit Union
1410 N Main St.
Salinas, CA 93906

For Office Use Only		
Received By _____	Branch _____	Date _____
Processed By _____	Branch _____	Date _____