



I.	Accoun	nt/Transaction Information	1			
	Name _		Account Number			
	Day tin	ne Phone Number		Date of Request		
	$\Box$ AC	H Originator Name		Amount		
	☐ Dra	ft Number(s)	nber(s) Loan Draft Number(s)			
	Reason	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.					
	I reques	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 the 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 th statement in its entirety and attest that the information provided on this statement is true and correct.					
	Member Signature  Mail to: allU.S. Credit Union 20 W. Market St. Salinas, Ca. 93901			Date		
		For Office Use Only				
		Received By	Branch	Date		
		Processed By	Branch	Date		