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ACH STOP PAYMENT ORDER FORM

Member Name: _____

Account Number: _____ **Share ID:** _____

Stop Payment Type (Choose One):

- Single ACH Stop
- All ACH Stop

Company I.D. Number: _____

Stop ACH Type (Choose One):

- Stop Debits Only
- Stop Credits Only
- Stop Debits and Credits (Default)

Name of Company: _____

Amount of Electronic Item: _____

Expected Withdrawal Date: _____

Reason for Stop: _____

SINGLE ACH STOP PAYMENT WILL STOP THE FIRST TRANSACTION.

ALL ACH STOP PAYMENT WILL STOP ALL TRANSACTIONS INDEFINATELY.

A fee of \$30 is charged for each stop payment. This fee has been deducted from your account.

Members Signature: _____ **Date:** _____

CU Use:			
Request Taken By:	_____	_____	_____
	BFCU Employee	Teller No.	Date
Accounting:	_____	_____	_____
	BFCU Employee	Teller No.	Date