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## ACH Stop Payment

Use this form to stop payment for an ACH Debit Transaction.

### Member Information

Member Name \_\_\_\_\_

Credit Union Account Number \_\_\_\_\_

### Transaction Information

Company Name \_\_\_\_\_

Amount \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

One Time ACH Stop Pay

I understand that future debits will continue after this one payment is stopped and until I notify the company as stated in the agreement I signed with them.

Permanent ACH Stop Pay

I authorized one or more ACH entries to debit funds from my account, but on \_\_\_\_\_  
I revoked that authorization by notifying \_\_\_\_\_  
in the manner specified in the authorization. Please stop payment on the above ACH  
debit, unless notified by me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\*Any alterations made to this form will deem this form void.**

**Fax: (573) 635-9781**

**Mailing Address: PO Box 1586, Jefferson City, MO 65102-1586**

**E-mail: [mececu@mececu.com](mailto:mececu@mececu.com)**