



STOP PAYMENT FORM

340 Griswold Road ♦ Elyria, Ohio 44035

440-324-3400 or 800-451-6315
AchieveCU.org

Date _____

Name _____

Account Number _____

Check Number _____

Amount _____

Reason _____

SERVICE CHARGE - \$28

- Personal Check
- Home Equity Line of Credit Check

ACH Authorized Debit

Company Name _____

- One-time debit
- Unauthorized or revoked authorization (Written Statement of Unauthorized Debit required.)

Member Signature _____

Must be returned within 14 days!

Phone Number _____

(9/10)

For internal use only.

Date rec'd./Initials _____

Fee/Initials _____ (GL13100)

OPS

Date processed/Initials _____



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