



PO Box 923071 • Sylmar, CA 91392  
Ph: 818-367-1057 • Fax: 818-362-3467

**ACH STOP PAYMENT**

**THIS ONLY STOPS THE NEXT ACH TRANSACTION!**

(To terminate the entire pre-authorized payment arrangement with the payee, you must contact the payee.)

Olive View FCU must receive your stop payment request at least three (3) days before payment is scheduled to be made. A \$25 fee will be charged for this stop payment request.

ALL INFORMATION BELOW (#'s 1 – 9) MUST BE COMPLETED in order to be processed:

Fax back to: (818) 362-3467

- 1. Date of request: \_\_\_\_\_
- 2. Member Name: \_\_\_\_\_
- 3. Account Number: \_\_\_\_\_
- 4. Daytime Phone Number: \_\_\_\_\_

**-ACH STOP PAYMENT REQUEST-**  
(Information **MUST** be specific and complete in order to be processed!)

- 5. Originating Company Name: \_\_\_\_\_
- 6. Date of Next Scheduled Debit/Payment: \_\_\_\_\_
- 7. Exact Amount: \$ \_\_\_\_\_
- 8. Reason for Stop Payment:  
\_\_\_\_\_

9. Member's Signature    X \_\_\_\_\_                      Date: \_\_\_\_\_

-----Below is for Olive View FCU use only-----

Fee Posted:    Y    /    N                      Payment Stop Date: \_\_\_\_\_