



Mailing Address
PO Box 11067
Portland, OR 97211
Phone: 503-283-5193 Toll Free: 800-922-7390
Fax: 503-692-3729

ACH Stop Payment/Revoke Authorization Form

Date of Request: ___/___/___

Member Name: _____

Account Number: _____

Originating Company: _____

Exact Amount of Transaction: _____

Date of Next Scheduled Payment: _____

- Stop all future transactions to this merchant
Stop a single transaction to post effective: ___/___/___

Reason for Return: _____

You are requesting UANWFCU to stop an Auto Clearing House (ACH) transaction on your account as specified above. If an item is presented and does not exactly match the information you provide on this form it may be paid or returned. You understand that you may remain liable to any person, including the UANWFCU, who is a holder of the item despite the stop payment order.

This form acknowledges the member's request to stop payment on the preauthorized electronic funds transfer shown above. Unless the member's signature appears below, the request was orally made and shall not be binding beyond 14 days from the date of this form unless confirmed in writing by the member within the 14-day period.

There is a \$25.00 fee charged for each ACH Stop Payment request.

Member Signature _____

Portland
1430 N Killingsworth
Portland, OR

Tualatin
20210 SW Teton
Tualatin, OR