



Mailing Address
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UANWFCU ACH Origination Stop Request Form

Date of Request: \_\_\_/\_\_\_/\_\_\_

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

Account Number: \_\_\_\_\_

Amount of Transaction: \_\_\_\_\_

Date of Next Scheduled Transaction: \_\_\_\_\_

- Stop all future transactions
Stop a single transaction to post effective: \_\_\_/\_\_\_/\_\_\_

Reason for Stop: \_\_\_\_\_

Note:
\*Origination stop requests must be received at least THREE business days before the date of next scheduled transaction listed above.
\*This form is for ACH transactions originated by UANWFCU only.

Member Signature \_\_\_\_\_