

1 Member Information

Member Name	Account Number	Suffix
Daytime Phone	Cellular Phone	

2 Transaction Information

Company Name _____

Date of Debit	Amount of Debit \$
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I authorized the company to debit transactions from my account.

3 Stop Payment (stops transactions for a designated time period)

I would like to place a stop payment on the above company from ____/____/____ to ____/____/____
(6 month maximum)

Only for transactions for \$ _____

Any and all amounts from this company

4 Revoke (stops all future transactions)

Only for transactions for \$ _____

Any and all amounts from this company

5 Signature

A \$30 stop payment/revoke fee will be charged.

I am an authorized signer, or otherwise have authority to act on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Member Signature X	Date
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You may fax your request to 626.915.2210

For Credit Union Use Only

Issued By _____ Date _____

Entered By _____ Date _____