



Bashas' Associates Federal Credit Union

www.bafcu.com
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1940 W. Indian School Road, Phoenix, AZ 85015
(480) 831-0098 (800) 686-2328
accounting@bafcu.com
Fax (480) 831-1512

Member Name _____ Account # _____ Date _____

PLEASE COMPLETE ALL THREE SECTIONS

SECTION I	ACH/EFT Stop Payment Request	Fee \$30.00
	Company Name: _____ Transaction Amount: \$ _____ OR <input type="checkbox"/> Any amount	

SECTION II	<p>Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:</p> <p><input type="checkbox"/> I wish to stop all future payments from this Originator indefinitely</p> <p><input type="checkbox"/> I wish to stop the next payment only <i>(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)</i></p> <p><input type="checkbox"/> I wish to stop a series of payments <i>Identify the payment dates, or months, of the specific payments from the Originator you wished stopped:</i></p> <p>_____</p>
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SECTION III	<p>For pre-authorized entries, three-business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question.</p> <p>_____ <i>(Account Holder initial here)</i></p>
	<p>For all non-recurring single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.</p>

Signature: _____	Daytime Phone # _____
Address: _____	City: _____ State: _____ Zip: _____

Date Received: _____ Date Completed: _____ Completed by: _____