



Consumer Stop Payment Request for Electronic Withdrawal

Return to branch employee or fax to 248.785.5107

I request Community Choice Credit Union to place a stop payment on the previously authorized electronic transaction described below. I certify that the information provided, including the scheduled transaction date, the exact amount, and the company name are correct. I understand that if I provide the credit union with inaccurate information, the credit union will not be responsible for the failure of the stop payment. If this is a recurring transaction, I agree to contact the company before submitting this stop payment order. **I understand the earliest I can request a stop payment on a scheduled transaction is 3 business days prior to posting.**

Member Name

Credit Union Account Number

Share ID

Name of Company

Scheduled Transaction Date

This is a "ONE TIME" Stop Payment Yes No

This is a "ONE TIME" Stop Payment in the amount of: \$ Amount

This is a "PERMANENT" Stop Payment Yes No

This is a "PERMANENT" Stop Payment in the amount of: \$ Amount

Check here if this is a "PERMANENT Stop Payment for any amount by this company.

A stop payment order will remain in effect until the first of the following occurrences:
1. Until payment of the debit entry has been stopped (for a one-time stop only)
2. Until we receive your written request to cancel the stop payment order

By initialing here, I acknowledge that I have attempted to contact the aforementioned company.

Service Charge assessed to your account:

Member Signature _____

Date _____