



Stop ACH Debit Request

1615 Hurffville Road
PO Box 5530
Deptford, NJ 08096
(800) 582-7640 - phone
(856) 232-9190 - fax

If you submit this request online, REMEMBER: Once your electronic stop payment request has been submitted, print and sign the form and submit it to the credit union by fax, by mail or in person. If not received within 7 days, the stop payment will be released and the check will be paid.

Received at _____, _____, 20____, by _____
(Time) (Date) (South Jersey FCU Representative)

I, _____ request a stop payment be placed on ACH debit(s) scheduled
(Member Name)

to be processed against my account. Account Number:

by _____ on _____ in the amount of \$
(Company Name) (Draft Date)

I understand this authorization must be received by South Jersey Federal Credit Union at least three days prior to the scheduled debit transaction date. Only the next scheduled ACH debit(s), as identified above, is/are affected by this ACH Stop Debit Order. South Jersey Federal Credit Union assumes no liability regarding future ACH debit transactions. To stop a single future debit transaction, I understand a new Stop ACH Debit Activity form must be completed. To stop all future debit transactions by company identified above, I understand it is my responsibility to notify them, in writing, to revoke any authorization they may have on file allowing ACH debit transactions against my account(s) at South Jersey Federal Credit Union.

Signed: _____
Dated: _____

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