



Atlanta Postal Credit Union  
 A TRADITION OF SERVICE  
 3900 Crown Road, Atlanta, GA 30380

**STOP PAYMENT REQUEST — BUSINESS ACH DEBIT**

**FAX: 404-443-3178 EMAIL: [eservices@apcu.com](mailto:eservices@apcu.com)**

Please fill out the below form to stop the payment of the Automated Clearing House (ACH) debit specified below from posting to your non-consumer (business) account. Please return this form in person, via mail or fax to 404-443-3178. You may also return this form or ask questions via email at [eservices@apcu.com](mailto:eservices@apcu.com).

ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

MERCHANT NAME \_\_\_\_\_

CHECK NUMBER (If check converted to ACH) \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_ ANTICIPATED POSTING DATE \_\_\_\_\_

REASON FOR STOP PAYMENT \_\_\_\_\_

AMOUNT OF STOP PAYMENT \_\_\_\_\_

*Atlanta Postal Credit Union (APCU) charges a fee for stop payments. Please refer to APCU's Rate and Fee schedule for the current fee.*

*I understand a stop payment order must be received in time to allow APCU a reasonable opportunity to act on it prior to acting on the debit entry. To be effective, the stop payment order must also sufficiently identify the payment. If the order is accepted orally and notice is given, by APCU, that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order. I understand that if I authorize another payment to this company for any amount, I must advise the financial institution to prevent return of the newly authorized entry. The financial institution is not responsible for posting or return errors caused by insufficient or inaccurate information. **The ACH stop payment order is effective for six months unless renewed in writing.***

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Verbal Request Rec'd Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

Written Request Rec'd Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_