

## Stop Payment Request for Business ACH Debit

Please complete this form to stop the payment of the Automated Clearing House (ACH) debit specified below from posting to your 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 ach@apcu.com.

ACCOUNT NUMBER			
ACCOUNT NAME			
ORIGINATION COMPANY NAME			
CHECK NUMBER (If check converted to ACH)	-		
DATE OF REQUEST	ANTICIPATED	POSTING DATE	
REASON FOR STOP PAYMENT			
AMOUNT OF STOP PAYMENT	=		
APCU/Center Parc charges a fee for stop payments. Ple the current fee.	ease refer to APCU/C	>enter Parc's Busin	ness Rate and Fee schedule for
Please stop the payment of the Automated Clearing Hou (corporate) account.	ıse (ACH) debit spec	ified above from por	sting to my non-consumer
A stop payment order must be received in time to allow to debit entry. To be effective, the stop payment order must and notice is given that a written confirmation is required the oral order. A written stop payment order regarding ar remain in effect until the earliest of:	st also sufficiently ider d, the written confirma	ntify the payment. If ation must be receiv	f the order is accepted orally ved within fourteen (14) days of
<ul><li>(a) the withdrawal of the stop payment order by the Red</li><li>(b) the return of the debit Entry; or,</li><li>(c) six months from the date of the stop payment order,</li></ul>		in writing.	
I understand that if I authorize another payment to this coreturn of the newly authorized entry. The financial institutor inaccurate information.			
AUTHORIZED SIGNATURE		DATE	
Credit Union Use Only			
Verbal Request Received Date	Time	Ву	
Written Request Received Date	Time	Ву	