



**Star USA Federal Credit Union
Automated Clearing House Stop Payment Form**

**I authorize Star Federal Credit Union to stop payment on the following item(s).
This stop payment must be received at least three banking days before the
scheduled date of the transfer.**

Name of Originating Company:_____.

Originating Company ID:_____.

Member Number:_____.

Member Name:_____.

Amount of Stop Payment:_____.

Date of Transaction:_____.

Member Signature

Date

For Credit Union Use:

Date of Stop Payment:_____.

Stop Payment Authorized Signature:_____.

