Wings FINANCIAL CREDIT UNION

14985 Glazier Avenue
Apple Valley, MN 55124
(800) 692-2274

Wings ID # _____

ACH STOP PAYMENT/REVOCATION REQUEST

☐ Stop Payment (one time only)   ☐ Revocation (until all such entries are stopped)

Member Name: _____

Account #: _____

Company Name: _____

Amount to Stop: _____   approximate or   exact amount

(Indicate ALL if all transaction amounts from this company should be stopped

Reason for Stop: _____

Type of Transaction: Debit

☐ **Personal Account:** An ACH stop payment is valid until the item attempts to clear (one time only).

An ACH revocation is valid until all such entries are stopped.

☐**Business Account:** An ACH stop payment/revocation is valid for 6 months, until the item attempts to clear one time or whichever comes first. A new stop payment request must be completed to extend the stop payment for another 6 months. An additional stop payment fee will be charged at that time.

I, the undersigned, understand that an ACH stop payment/revocation may only be removed by the signer who placed the stop on the item.

Signature: _____   Date: _____

Credit Union Use Only:
Processed by Teller # _____ Date _____ CO ID # _____ ☐ Forward to Electronic Payments