CALCOM FEDERAL CREDIT UNION

CalCom Federal Credit Union
3748 Bayer Avenue, Unit 104
Long Beach, CA 90808
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ACH Stop Payment Form

Our fee is $30 per transaction. Form must be submitted five (5) business days prior to withdrawal. Please note if you have more than one ACH item, utilize the member statement area and provide details.

First Name _____ Last Name _____

Account Number _____ Fee Taken From ☐ Checking ☐ Savings

Transaction Amount _____ Email Address _____

Date of Transaction _____ Company/Merchant Debiting _____

Reason for Request:

- ☐ I did not authorize the party listed above to debit my account
- ☐ I revoked the authorization before the debit was initiated
- ☐ My account was debited before the date I authorized
- ☐ My account was debited for an amount different than what I authorized
- ☐ My check was improperly authorized
- ☐ Other. Please describe below:

_____

_____

Terms and Conditions

1. Additional information may be requested from the undersigned. If not provided, provisional credit can be taken away if provisional credit was given.
2. The Credit Union can not guarantee an outright stop of the said transaction. If the item is not stopped, the Credit Union can not be held liable.
3. The latest fee schedule will be followed for appropriate charges.

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the debited item mentioned above to my account, (ii) the debit was not authorized, (iii) I have done the necessary steps to correct the matter from the originator.

☐ I have read and accept the Term and Conditions.

Signature _____ Date _____

Credit Union Use Only

Received by: Date: Time: Processed by: Date: Time: