

**AUTHORIZATION TO REMOVE STOP PAYMENT**  
*\*\*Must be signed by the person who originally placed the stop\*\**

Date: \_\_\_\_\_

Employee Initials: \_\_\_\_\_

Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

**CHECK STOP**

Check Amount: \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

Check #: \_\_\_\_\_ or Range of Checks From: \_\_\_\_\_ To: \_\_\_\_\_

**ACH STOP**

Savings Debit     Checking Debit

Amount of authorized debit: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Member Signature

Date: \_\_\_\_\_

**Office Use Only**

Date of Removal: \_\_\_\_\_

Processors Initials: \_\_\_\_\_

