BAY CITIES CREDIT UNION BAY CITIES ACH STOP PAYMENT FORM	
You may use this form to stop one or all future payments for a specific ACH debit. There is a \$20 fee for this service.	
Complete the entire form, and then fax to us at (510) 300-6443 or mail to: Bay Cities Credit Union, PO Box 30, Hayward, CA 94543.	
Name	Member Number
PHONE NUMBER	BEST TIME TO CALL
By signing this ACH Stop Payment Form, I assert that the information given on this Form is true and correct, and that I am an authorized signer with authority to act on this account.	
Member Signature	Дате
□ ACH STOP PAYMENT INDEFINITELY - Stop all payments listed below indefinitely Stop All Future Payments (Note: The Credit Union cannot guarantee that future ACH debits will not post to your account. You must contact the originator to stop recurring transactions.)	
□ ACH STOP PAYMENT - I wish to stop one payment only Use this option to stop one future ACH transaction which was previously authorized. No credit to your account will be made. (Note: to receive a credit for a past ACH debit, please complete the Written State- ment of Unauthorized Debit Form.)	
This section <i>must be completed</i> in order to place any of the ACH Stops listed above. If this is an ACH Stop Payment (R08), place the date of the <i>next</i> scheduled ACH debit in the Transaction Date field.	
TRANSACTION DATE	Dollar Amount
Originating Company Name	
TRANSACTION DATE	Dollar Amount
Originating Company Name	
TRANSACTION DATE	Dollar Amount
Originating Company Name	
TRANSACTION DATE	Dollar Amount
Originating Company Name	
Questions? Call 510-690-6100 or email us at info@baycities.org. Revised 02 14	