



ACH Origination Stop Payment Request Form

MTFCU requires a minimum of two business days notice to stop a recurring ACH origination

MTFCU Member Name :

MTFCU Member # :

MTFCU Member Ph # :

MTFCU Account type :

I (we) authorize Members Trust of the Southwest Federal Credit Union (originator) to STOP the following ACH:

Credit to MTFCU Account

Debit from MTFCU Account

Institution Name :

Address

City State Zip Code

Routing Number :

Account Number :

Account Title :

Date of Debit/Credit :

Frequency :

Amount :

Please print, sign and fax completed form to:
Houston Office 713-681-2114
Stephenville Office 254-968-4687

Signed By _____

Current Date

Processed By: _____ / Tlr #: _____