	ACH STOP PAYME	NT ORDER REQUEST
Today's Date		
Account Number	Time	a.m. / p.m. Contact me at:
Member Name	Expecte	d Clearing Date for ACH
Payable To		ion Amount \$
Check(s) Serial No		for Stop Payment
(Required for POP, ARC, BOC & RCK	Debits) Date Cr	ecks written (if applicable)
	Consumer Account	ACH Stop Payment
TopLine Financial Credit Union to s withdrawal of the stop payment order be debit entry relating to a specific authoritied above. I further understand confirm this stop payment order reques	top payment on the above transaction(spy the account holder; or 2) the return of norization involving a specific Original that if notified to do so by Anoka Heromannian and the specific or of the space of the spac	scount holder hereby instructs Anoka Hennepin Credit Union, a Division of s). The stop payment order shall remain in effect until the earlier of 1) the step the third the debit entry. Where this stop payment order applies to more than one tor, this order shall be effective for the return of all such debit entries as mepin Credit Union, a Division of TopLine Financial Credit Union, I must ret will cease to be binding after such time.
Single ACH Entry Stop Payment	t Recurring AC	CH Stop Payment (complete following section)
The account holder authorized	Company	name) to originate one or more ACH entries to debit funds from the above
account 1) but on	(date) rescinded that authorization	name) to originate one or more ACH entries to debit funds from the above by notifying (company name) in the manner (company name) on (date) in the manner
specified in the authorization; or 2) w	vill be notifying	(company name) on (date) in the manner
specified in the authorization.	7 6	
the cancellation with a Division of TopLine Financial Cred	(company name) with lit Union does not receive the required	Division of TopLine Financial Credit Union with written confirmation of in 14 calendar days from today's date. If Anoka Hennepin Credit Union, written confirmation, then it will honor subsequent debits to the account.
	Non-Consumer (Corporate) A	account ACH Stop Payment
TopLine Financial Credit Union to stop When confirmed in writing, the stop p	p payment on the above transaction(s). A	count holder hereby instructs Anoka Hennepin Credit Union, a Division of a verbal stop pay order for non-consumer payment(s) is only valid for 14 days. If the earliest of, 1) the withdrawal of the stop payment order by the account top payment order request.
I hereby request the following type o	of stop payment on my corporate (Non	-Consumer) account:
Single ACH Entry Stop Payment	t Recurring A(CH Stop Payment (effective for six months only)
A character of a last all the constant		
A criarge, as reliected, will be assessed to	The account holder as payment for imple	menting this order. Fee Assessed \$
		er understands that the stop payment order request must be received at least three edit Union, a Division of TopLine Financial Credit Union reasonable time to act upon
•) was not originated with fraudulent intent alty of perjury that the foregoing is true and	by me or any person acting in concert with me, and that the signature below is my correct.
Date Account Ho Signature	lder 	Print Name
hereby declare that I wish to revoke this	stop payment order effective	Signed
	FOR FINANCIAL IN:	TITUTION USE ONLY
Verbal Stop Payment Order Request Acce	epted on by_	
Signed Stop Payment Order Request Form	n Received on by	

Stop Payment Order Withdrawal Received on ______ by _