



**Cal State L.A.  
Federal Credit Union**

## Stop Payment Release

(Request removal of a stop payment you have placed)

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

### Member Information:

Name:		Acct #:
Home Phone:	Cell:	Work:

### Check Information:

Check Number(s)	Dollar Amount:
Check Date:	Payee:
Reason:	

### ACH Information:

Originating Company Name:	
Transaction Amount \$:	OR <input type="checkbox"/> Any Amount
Check Serial Number:	(Only for check related debit entries)
Reason:	

#### Check

I request Cal State L.A. Federal Credit Union to release this stop payment request. I am aware that check(s) may have been returned since I placed the stop payment request and the check(s) may still be returned within one business day after Cal State L.A. Federal Credit Union's acceptance of this completed form.

#### ACH Debit

I request Cal State L.A. Federal Credit Union to release this ACH Debit stop payment request. I am aware that the ACH debit may have been returned since I placed the stop payment request and that the item may still be returned within one business day after Cal State L.A. Federal Credit Union's acceptance of this completed form.

I am an authorized signer, or otherwise have authority to act on the above account. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For financial institution use only:</b>	
Stop released by: _____	
Received via: _____ (phone, fax, in person)	
Date: _____	Time: _____