



**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:** _____

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