



Revoke Credit (ACH)

Financial Institution FOOTHILL FEDERAL CREDIT UNION

Place New Stop Payment

Cancel Existing Payment

Account / Transaction Information

Full Name _____

Account Number _____

Amount of Credit _____

Date Posted to Account Party _____

Party Crediting the Account _____

Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) credit to my account, (ii) the credit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

- I did not authorize the party listed above to credit my account. (R23)
- Other (specify) _____
- I wish to stop any future credits connected with this revoked authorization

Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the credit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature

Date

Completed By (Teller ID) _____