



**SCHOOL EMPLOYEES**

Lorain County Credit Union, Inc.

340 Griswold Road ♦ Elyria, Ohio 44035  
440-324-3400 or 800-451-6315  
www.selccu.org

# STOP PAYMENT FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

Account Number \_\_\_\_\_

Check Number \_\_\_\_\_

Amount \_\_\_\_\_

Reason \_\_\_\_\_

### SERVICE CHARGE - \$28

- Personal Check
- Home Equity Line of Credit Check

### ACH Authorized Debit

Company Name \_\_\_\_\_

- One-time debit
- Unauthorized or revoked authorization (Written Statement of Unauthorized Debit required.)

Member Signature \_\_\_\_\_

Must be returned within 14 days!

Phone Number \_\_\_\_\_

(9/10)

**For internal use only.**

Date rec'd./Initials \_\_\_\_\_  
Fee/Initials \_\_\_\_\_ (GL13100)

**OPS**  
Date processed/Initials \_\_\_\_\_



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