REQUEST TO STOP ACH

REQUEST TO STOP ACH AUTHORIZATION

I (we) request that the following direct payment authorization be stopped.

AMOUNT :

This payment is currently scheduled to be made monthly/bi-weekly

On the of each month and is a debit/credit to our account at:

FINANCIAL INSTITUTION NAME :

ACCOUNT NUMBER :

Owner Signature	Printed Name	Date
Joint Owner Signature	Printed Name	Date

WESTEX FEDERAL CREDIT UNION

Southwest Office
7802 Indiana | Lubbock, TX 79423
(806) 784-0098 | FAX: (806) 784-0090

Downtown Office
901 Avenue Q | Lubbock, TX 79401
(806) 765-5701 | FAX: (806) 765-8423

Plainview Office
509 Quincy | Plainview, TX 79072
(806) 296-0886 | FAX: (806) 293-9959