



14985 Glazier Avenue
Apple Valley, MN 55124
(800) 692-2274

Wings ID # _____

ACH STOP PAYMENT/REVOCAION REQUEST

Stop Payment (one time only)

Revocation (until all such entries are stopped)

Member Name: _____

Account #: _____

Company Name: _____

Amount: _____

Reason for Stop: _____

Type of Transaction: Debit Credit

A \$30 fee will be charged for processing a stop payment/revocation.

Personal Account: An ACH stop payment is valid until the item attempts to clear (one time only).
An ACH revocation is valid until all such entries are stopped.

Business Account: An ACH stop payment/revocation is valid for 6 months.

If a stop payment/revocation is requested on a payday loan company, Wings Financial cannot guarantee the stop payment/revocation if the company uses more than one payment processing company.

I, the undersigned, understand that an ACH stop payment/revocation may only be removed by the signer who placed the stop on the item.

Signature: _____ Date: _____

Credit Union Use Only: Processed by Teller # _____ Date _____ CO ID # _____ <input type="checkbox"/> Forward to Electronic Payments
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