



<b>IMAGE DOCUMENT</b>	
MBR#:	_____
Orig. Date:	_____
Doc Class:	EFT- 1 Time Stop
Dept.:	EFT

## ONE TIME STOP PAYMENT ORDER

*Stop must be placed three days before payment date*  
*\* Reactivation Date Required \**

<b>Member Number</b>	
<b>Print Member Name</b>	
<b>Amount</b>	
<b>Company Name</b>	

**Reason for Stop:** \_\_\_\_\_  
 \_\_\_\_\_

**\*Reactivation Date for one time stop:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OCCU USE ONLY:**

Associate Name	Teller Number	Date