

B|E|C|U Cancel Stop Payment Request

Use this form to cancel a stop payment that was placed on a check(s) or ACH payment from your BECU account. This form is not used to place a stop payment.

If you have any questions or would like to release a debit card stop payment, please contact a BECU representative at 800-233-2328.

Please allow 10 business days to process your request upon BECU's receipt.

Step 1. BECU account information

Name	Account Number (10 digits)
Phone Number	

Step 2. Transaction information

Transaction Type	
<input type="radio"/> Check(s) <input type="radio"/> ACH Payment	
Check Number(s) (separated with commas, or a sequential range, for example 1001-1025)	Check Amount(s)
	\$
Payee Business Name (one payee per form)	

Step 3. Acknowledgment and consent

Your stop payment will be canceled within 10 business days of BECU receiving this signed form at the below address or by fax at 206-805-5612.

Signature	Date (MM/DD/YYYY)
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If form is not submitted electronically, please return completed and signed form to:
BECU, M/S: 1094-2
P.O. Box 97050
Seattle, WA 98125
or fax to 206-805-5612

BECU only

Representative Name	Extension	Date (MM/DD/YYYY)
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