



MERCK SHARP & DOHME
FEDERAL CREDIT UNION

ACH STOP PAYMENT

Member Name: _____ Date: _____

Member Number: _____ Amount: \$ _____

Is this a recurring debit? Yes or No (Please Circle)

Signature _____

Institution Use Only

Company ID: _____ OFI R/T No. _____

Teller Number: _____ Branch: _____ Initials: _____

MEMBER COPY