# Euro STOP Request

Member Name:_____

SCU Account number:_____

**I authorize SCU to place a STOP on:** *Choose your option below*
Add name of company, if you choose the *One Company* option or check *All EURO debits*.

☐ One Company:_____
or
☐ All EURO debits

By signing below I request Service Credit Union (SCU) to place a STOP on the above mentioned company OR all EURO debits as specified above. I understand the STOP request will prevent any unwanted debits to my SCU checking for a 6-month period. I authorize SCU to charge the one-time $30 fee to my checking account in order to place the STOP during this time. I understand that placing a STOP on a company does not cancel my contract or obligation to pay this company. If I do not submit another STOP request before the 6-month expiration and pay a new one-time $30 fee, I will be responsible for any debits to my account upon expiration.

Signature:_____

Date:_____

***For SCU Internal Use Only***

Date:_____

Teller/BR:_____

Date of STOP Expiration:_____

$30 Fee Charged ☐