



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