

ACH Stop Payment Request

I (we) _____ would like to stop our ACH by the 1st of _____. The purpose of this form is to stop payment on a ACH transaction. If urgent, a ACH Stop Payment may be placed by phone, but is not guaranteed until after receipt of this form. This form must be completed within 7 days prior to the next transaction. If we do not receive this form by the 1st, DAKOTA GOLD will not be held liable if the transaction is processed. The account holder also understands that it is necessary to provide the correct information related to the transaction.

(Account holder's name and child's name PLEASE PRINT)

(Signature) (Date)

Set Amount: \$ _____