

# ACH Stop Payment Request

I (we) \_\_\_\_\_ would like to stop our ACH by the 1<sup>st</sup> 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 1<sup>st</sup>, 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.

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

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(Signature) (Date)

Set Amount: \$ \_\_\_\_\_