Signature—Owner or Authorized Signer

## ACH Stop-Payment Request Form LCEF Investment Number: \_\_\_\_\_\_ Name(s) on LCEF Investment: Requested by: I hereby authorize Lutheran Church Extension Fund (LCEF) to place the stop payment on the ACH debit listed below. This order will remain in effect until I have canceled it in writing. I understand that stop payments cannot be placed on debits that have already posted to my investment. I understand the investment will be charged the current Stop-Pay Request fee listed on the Fee Schedule (see Icef.org). Company Name: \_\_\_\_\_ Description of Debit: Date Item Last Paid: \_\_\_\_\_ Select One: Place a **Permanent Stop Payment** on the ACH debit. Do not pay any future debits from this company. Place a **One-Time Stop Payment** on the ACH debit. Exact amount of ACH debit: \$ Date for one-time stop payment order to expire: \_\_\_\_\_

This form must be completed in its entirety before the stop order will be processed.

If sending the completed form by fax, please send to 314-996-1129;

or mail to: PO Box 229009 St. Louis, MO 63122-9009.

Date

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