



3031 William Street, Cheektowaga, NY 14227 • 716.896.8084  
971 Kenmore Ave., Buffalo, NY 14217 • 716.874.7284

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Date: \_\_\_\_\_

I, \_\_\_\_\_, would like to stop payment on the following ACH debit:

Company name: \_\_\_\_\_

Company ID \_\_\_\_\_

Amount: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Member # \_\_\_\_\_



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