

STOP PAYMENT REQUEST

Account Number	Check Number	<input type="checkbox"/> Check <input type="checkbox"/> ACH Amount	Date of Check
Did Customer Issue Replacement Check? <input type="checkbox"/> Yes Check No _____ <input type="checkbox"/> No		Payable to/Payee	
For ACH Only Originating ("the Company ID")			Stop Fee \$

Reason for Check:

Cancelled Lost/Stolen

Reason for ACH:

<input type="checkbox"/> Cancelled Stop a Single Transaction	<input type="checkbox"/> Authorized Revoked Stop All Future ACH Debit Transactions
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I/We hereby agree that this stop payment order is binding upon the Bank only if it accurately and specifically states all of the information requested above, and it is received by the Bank in sufficient time to give the Bank a reasonable opportunity to act upon it, and for some ACH debits must be received at least three (3) banking days before the scheduled date of transfer.

Such order expires six (6) months from the date it is received, unless it is renewed in writing. I/We agree to indemnify and hold the Bank harmless from all expenses and costs which it incurs due to its compliance with this order. In the event the above- described check is returned, I/We agree to notify you promptly and withdraw this stop payment request.

A verbal stop payment is valid for 14 calendar days only, if written confirmation is not received within that time.

- **Stop a Single Transaction** means stopping one check or one ACH debit from settling to an account. Can be used for consumer or commercial transactions.
- **Stop All Future ACH Debit Transactions** means stopping all future ACH debit transactions pursuant to an authorization involving a specific Originator. Consumer ACH only. The RDFI may require the account holder to initial here to indicate that they have contacted the Company to revoke the Authorization:

Oral Request	Request Date:	Expiration Date:
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Name:

Address:

Customer Signature	Date
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for Bank Use Only

Received By	Date Received	Approved By	Time Received AM PM
Order Entered By	Date Entered	Time Entered AM PM	
Expiration Date	Call Back By		

STOP PAYMENT REQUEST CANCELLATION/RENEWAL

This Stop Payment Request is hereby: (Check only one)

Cancelled Renewed for an additional 6 months.

New Expiration Date:

Customer's Signature For Cancellation/Renewal

Date: