

**CHECK OR ACH DEBIT  
STOP PAYMENT ORDER**

**I. STOP PAYMENT ORDER**

Account Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_  
 Account Title: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Customer Tel: \_\_\_\_\_ Verified By: \_\_\_\_\_

Check and complete (to the extent applicable) one of the following two choices:

Please stop payment of the single check or Automated Clearing House (ACH) debit identified below. I (undersigned) understand that this Stop-Payment Order will not apply to any other checks or ACH debits for the benefit of the Payee/Originator.

Request Received:  In Person  By Phone  \_\_\_\_\_  
 Fee Received:  Cash  Charge

To be effective, a Stop-Payment Order must be received in time to allow the institution a reasonable opportunity to act on it, and for some ACH debits must be received at least three banking days before the scheduled date of transfer. To be effective a Stop-Payment Order also must identify the payment sufficiently to allow the institution a reasonable opportunity to act on it. If the payment is by check, OR IF THE PAYMENT IS BY ACH DEBIT AND THE INSTITUTION GIVES NOTICE AT THE TIME AN ORAL STOP-PAYMENT ORDER IS RECEIVED, THAT WRITTEN CONFIRMATION CAN BE SENT. An oral Stop-Payment Order is effective for 14 calendar days only, unless confirmed in writing within the 14-day period. With respect to ACH Debits, the institution and the undersigned agree to abide by the ACH rules and regulations regarding Stop-Payment Orders.

Payee/Originator: \_\_\_\_\_

Scheduled Future Transfer Date: \_\_\_\_\_  
 Initiated/Authorized by Check #: \_\_\_\_\_  
 Date of Check : \_\_\_\_\_  
 Reason for Stop Payment : \_\_\_\_\_

Amount of ACH / Check: : \$ \_\_\_\_\_

Did Customer Issue Replacement?  Yes  No

Replacement Check Number : # \_\_\_\_\_

Please stop all future ACH debits pursuant to the authorization identified below, including but not limited to recurring preauthorized payments. I understand that I am required by the Institution to confirm in writing that I have revoked the authorization given to the Payee/Originator, and by signing this Stop-Payment Order I do so confirm.

Authorized Signature  
 \_\_\_\_\_  
 Date Time

Payee/Originator: \_\_\_\_\_  
 Date of Authorization: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Amount of ACH: \$ \_\_\_\_\_

**II. WITHDRAWAL OF STOP-PAYMENT ORDER**

<p><b>WITHDRAWAL OF STOP-PAYMENT ORDER</b></p> <p>The above Stop-Payment Order and any revocation of the authorization identified above are withdrawn as of the date shown below:</p>	<p><b>RECORD OF RECEIPT OF WITHDRAWAL OF STOP-PAYMENT ORDER</b></p> <p>Withdrawal of the above Stop-Payment Order received on</p> <p>_____</p> <p>Date &amp; Time</p>
<p>Same Authorized Signature as Appears on Stop Payment</p>	<p>Signature of Representative Financial Institution</p>