

ACH STOP PAYMENT REQUEST

Account Holder Name: _____

Account Number: _____

Originating Company Name: _____

Transaction Amount: \$ _____ or **Any Amount** \$ _____

Check Serial Number: _____ (only for check-related debit entries)

For pre-authorized entries, to implement a stop payment of a debit entry, we require three business days advance notice prior to the expected transfer date. If the stop payment order is received within those three business days, we will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) to sufficiently enable the identification of the account and transaction(s) in question. _____ (Account Holder initial here.)

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a time-frame that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:

- I wish to stop all future payments from this Originator indefinitely
- I wish to stop the next payment only
(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)
- I wish to stop a series of payments
Identify the payment dates, or months, of the specific payments from the Originator you wished stopped:

A fee will be assessed to the account holder as payment for implementing this order:

Fee Assessed: **\$30.00**

This form acknowledges the account holder's request to stop payment on pre-authorized electronic fund transfers as indicated above. The account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

Signature

Date

FOR FINANCIAL INSTITUTION USE ONLY:

Receive By: _____ **Date:** _____ **Time:** _____