



STOP PAYMENT REQUEST

Account Number	Check Number	Check/ACH Amount	Date of Check
Did Customer Issue Replacement Check?		YES	Check No. No
Payable To			Stop Fee \$ 30.00
Reason for Stopping Payment Cancelled Lost/Stolen Authorization Revoked Other:			
<p>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/ACH is returned, I/We agree to notify you promptly and withdraw this stop payment request.</p> <p>FOR A STOP ON AN ELECTRONIC DEBIT (ACH) FOR THE REASON AUTHORIZATION REVOKED, I/WE HAVE NOTIFIED THE ORIGINATING COMPANY. A verbal stop payment is valid for 14 calendar days only, if written confirmation is not received within that time.</p>			
Customer Signature			Phone No.
Oral Request Taken From			
Name and Address			
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