

CHECK OR ACH DEBIT STOP-PAYMENT ORDER

Internal use

I. STOP-PAYMENT ORDER

Please stop payment of the check or Automated Clearing House (ACH) debit specified below. This stop payment will affect only the (one) payment specified. For recurring preauthorized withdrawals, I (the undersigned) understand that any subsequent payments to the Payee identified below will continue to be honored until I take the actions necessary to revoke the authorization originally given by me to allow multiple debits to my account.

Payee/Originator: _____

Scheduled Future Transfer Date: _____

Made, Initiated, or Authorized by Check (date): _____

Check Number: _____

Amount: _____

Other: _____

Account Number: _____

Account Title: _____

Institution Name _____

Received By _____

Date Received _____ Time _____ M. Fee \$ _____

Request Received: In Person _____

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, an oral Stop-Payment Order is not effective, and a Stop-Payment Order is effective only if it is in writing. 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 IS REQUIRED AND PROVIDES AN ADDRESS WHERE THE 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. Properly signed Stop-Payment Orders are effective for 6 months after date received and will automatically expire after that period unless renewed in writing. With respect to ACH debits, the institution and the undersigned agree to abide by the ACH rules and regulations regarding Stop-Payment Orders.

Authorized Signature

X _____ M.
DATE TIME

II. RELEASE OF STOP-PAYMENT ORDER

RELEASE OF STOP-PAYMENT ORDER

The above Stop-Payment Order is released as of the date shown below.

Same Authorized Signature as
Appears on Stop Payment

Date

RECORD OF RECEIPT OF RELEASE OF STOP-PAYMENT ORDER

Release of the above Stop-Payment Order received on _____
_____ at _____ M.

Signature of Representative of Financial Institution