

Date: _____

I/ We request(s) that the Bank stop payment on the following:

Check				
Account Number			Account Name	
Check Date		Check No		Check Amount
Issued To			Reason for Stop	
The stop payment on this check will remain in effect for the next 6 months.				

ACH			
Account Number			Account Name
Date of ACH/Draft			Originator's Name
Amount			Reason for Stop
Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box: <input type="checkbox"/> I wish to stop all future payments from this Originator indefinitely. <input type="checkbox"/> I wish to stop the next payment only (Future entries from this Originator are to be paid, unless I provide you with an additional stoppayment order). <input type="checkbox"/> I wish to stop a series of payments. List payment dates: _____			

I understand that in order for the Bank to stop payment of the check, the above information must be accurate. I agree that the Bank must be given a reasonable opportunity to act on this stop payment request. This stop-payment order is valid only if the check has not been accepted, certified, settled or paid. (Note: Oral stop payment requests will expire within fourteen (14) days unless confirmed in writing within that period.)

I understand that despite proper completion and delivery of the stop payment order, I may nevertheless be liable on the check described to the payee or any subsequent holder in due course thereof. In addition, I understand that it is essential that the check covered by this order be described exactly in order to be effective, specifically including, but not limited to, the correct check number and amount. Because of large volume of items we process, we do not visually inspect each item. We use a computer system that allows us different methods of searching an item. Therefore, the item description(s) you give us must be EXACT or our computer system will not be able to identify the item, and this stop payment order will not be effective. You agree to hold the Bank harmless for the amount of check resulting from ineffective stop payment order due to incomplete or inaccurate item description(s) you have provided.

I understand that ACH stop-payment order remains in effect until either the return of the identified payment or the release of the stop payment at my instruction.

I agree to hold the Bank harmless for the amount of the check and for any expenses incurred by the Bank for refusing payment of the check in accordance with this stop payment order. I also agree to defend, indemnify and hold harmless Bank from any expense, loss, or damage, including court costs and reasonable attorney's fees, incurred as a result of carrying out this order, including any claim by any person, organization or corporation arising from any transfer or pledge of, or the assertion of any interest in the above described check.

NOTICE TO ACH/DRAFT CUSTOMERS: I understand that placing a stop-payment order on an ACH item or draft will not cancel my authorization with the originator of the ACH transfer. I understand that I must send a letter to the originator to cancel the automatic payment. This stop-payment order must be received three business days prior to the receipt of the item.

Customer Signature Date

Print/Type Name

Order to Revoke	
Customer Signature	Date
Print Name	

Revised: 08/2020

Bank Use Only	
Date and Time Order Received: ____ / ____ / ____ AM/PM	
Method of Request: Oral Written	
Order Received By:	BR#
Officer Approval:	BR#
Order Entered Date/Time: ____ / ____ / ____ AM/PM	
Entered By:	Rev. By:
Service Charge \$	Debit Account No.

Bank Use Only	
Date and Time <u>Revoke</u> Order Received: ____ / ____ / ____ AM/PM	
Method of Request: Oral Written	
Order Received By:	BR#
Officer Approval:	BR#
Revocation Entered Date/Time: ____ / ____ / ____ AM/PM	
Entered By:	Rev. By: