

STOP PAYMENT REQUEST

TYPE OF ITEM: Check Money Order ACH Debit

_____	_____	_____	_____
DRAWN BY	ACCOUNT NUMBER	AMOUNT	SERVICE CHARGE
_____	_____	_____	_____
PAYABLE TO	CHECK NUMBER	REISSUE NUMBER	DATE ON ITEM

STOP PAYMENT SUBMITTED BY: FAX PHONE ONLINE IN PERSON

The undersigned Customer requests that Financial Institution stop payment on the above described check, money order or ACH debit. Customer agrees to hold Financial Institution harmless for the amount of the check, money order or ACH debit, and all cost, expenses, damages and attorneys' fees incurred due to refusal to pay the check, money order or ACH debit. Customer further agrees no to hold Financial Institution liable for payment contrary to this request if payment is made through inadvertence or accident notwithstanding use of ordinary care.

CUSTOMER UNDERSTANDS THE ABOVE INFORMATION MUST BE COMPLETE AND ACCURATE in order to identify the check, money order or ACH debit and to stop payment.

An ACH Stop Payment Request Order will stop payment on one specific ACH debit only; it will not stop payment on recurring ACH debits. To stop future ACH debits, Customer must revoke the ACH authorization. A Consumer ACH Stop Payment Request requires notice at least three (3) banking days prior to the scheduled transaction date in order to implement the stop payment request. If the Consumer ACH Stop Payment Request is received within three (3) banking days of the scheduled transaction date, the Financial Institution will attempt to satisfy the request of the Customer, but will not be held liable if sufficient time was not provided. All other Stop Payment Requests must be proved to the Financial Institution in such a time and in such a manner as to allow the Financial Institution reasonable opportunity to act upon the Stop Payment Request.

This Stop Payment Request is effective for six (6) months, but it lapses after fourteen (14) calendar days if the original Stop Payment Request was oral and was not confirmed in writing within that period. A Stop Payment Request may be renewed for additional six-month periods by a written request given to the Financial Institution within a period during which the Stop Payment Request is effective.

_____	_____
FINANCIAL INSTITUTION NAME	CUSTOMER NAME

_____	_____
REPRESENTING FINANCIAL INSTITUTION	CUSTOMER SIGNATURE

_____	_____	_____
DATE	TIME	ADDRESS

STOP PAYMENT EXPIRES: _____ DATE SIGNED _____ PHONE _____

CANCELLATION / RELEASE: Please release the Stop Payment Request on above check, money order or ACH transaction.

_____	_____
CUSTOMER SIGNATURE	DATE