



To: Banc of California, National Association
3 MacArthur Place
Santa Ana, CA 92707
877-770-BANC (2262)

Customer Name: _____

Account Number: _____

TYPE OF PAYMENT

Check No. _____ (Effective for six months). Date check was written: _____

One preauthorized electronic (ACH) payment scheduled for _____

All future preauthorized electronic (ACH) payments to the payee

Amount (Exact dollars and cents): \$ _____

Payable to: _____

Reason for Stopping Payment: _____

By signing below, you (a) authorize us to stop payment in accordance this request, and (b) acknowledge that your stop payment request is governed by the terms of your account agreement with us, together with our agreement(s) for any related services and our fee schedule.

A selection from your account agreement about stop payments has been provided below for your reference. Please see the entire account agreement for other important terms that apply to this request (e.g., indemnification, governing law, dispute resolution, etc.).

X _____
Signature of Customer or Authorized Signer Date

BANK USE ONLY

Received by: _____ at _____ on _____ Branch No.: _____

Received: at branch by telephone by fax by email

Called back by: _____ Date: _____

Confirmation received: _____ by _____

Payment stopped by: _____ at _____ on _____

Released by: _____ at _____ on _____

Per Cust. request rec'd _____ on _____

STOP PAYMENT ORDER REVOCATION

This Stop Payment Order is released, withdrawn, and cancelled, as of this date.

X _____
Customer Signature Date