

ACH DEBIT STOP-PAYMENT ORDER



I. STOP-PAYMENT ORDER

Account Number _____

Account Title _____

Check and complete (to the extent applicable) one of the following two choices:

Please stop payment of the single Automated Clearing House (ACH) debit identified below. I (the undersigned) understand that this Stop-Payment Order will not apply to any other ACH debits for the benefit of the Payee/Originator.

Payee/Originator: _____

Date of Authorization: _____

Amount: _____

Description of Authorization: _____

Please stop all future ACH debits pursuant to the authorization identified below, including but not limited to recurring preauthorized payments. I understand that I am required by Hanmi Bank to confirm in writing that I have revoked the authorization given to the Payee/Originator, and by signing this Stop-Payment Order I do so confirm.

Payee/Originator: _____

Date of Authorization: _____

Description of Authorization: _____

Received By _____

Date Received _____ Time _____ Fee \$ _____

To be effective, a Stop-Payment Order 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 Hanmi Bank a reasonable opportunity to act on it. IF THE PAYMENT IS BY ACH DEBIT AND HANMI BANK 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. Hanmi Bank and the undersigned agree to abide by the ACH rules and regulations regarding Stop Payment Orders.

Authorized Signature

X _____
DATE TIME

II. WITHDRAWAL OF STOP-PAYMENT ORDER

WITHDRAWAL OF STOP-PAYMENT ORDER

The above Stop-Payment Order and any revocation of the authorization identified above are withdrawn as of the date shown below.

X

Authorized Signature

Date

RECORD OF RECEIPT OF WITHDRAWAL OF STOP-PAYMENT ORDER

Withdrawal of the above Stop-Payment Order received on _____

_____ at _____

X

Hanmi Bank Employee Signature