

ACH DEBIT STOP-PAYMENT REQUEST

(NOT FOR ACH DEBITS INITIATED PURSUANT TO CHECK TRUNCATION PROGRAMS, TRC OR TRX)

Please stop payment of the 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: _____

☐ Initiated/Authorized by Check (date): _____

Check Number: _____

Amount: _____

Other: _____

Account Number: _____

Account Title: _____

Internal use

Institution Name _____

Received By _____

Date Received _____ Time _____ M. Fee \$ _____

Request Received: ☐ In Person ☐ By Phone ☐ _____

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 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. The institution and the undersigned agree to abide by the ACH rules and regulations regarding Stop-Payment Orders.

Authorized Signature X _____

NOTICE:

If you wish to release the Stop-Payment Order described on the reverse side, please sign below and return this form to the Financial Institution so we may remove the Stop-Payment Order from our records.

The Stop-Payment Order on the reverse side is released.

Authorized Signature _____ Date _____
(Release should bear same authorized signature as stop order.)