

# CHECK OR ACH DEBIT STOP-PAYMENT ORDER

Internal use

## I. STOP-PAYMENT ORDER

Account Number: \_\_\_\_\_  
 Account Title: \_\_\_\_\_  
 \_\_\_\_\_

Institution Name \_\_\_\_\_  
 Received By \_\_\_\_\_  
 Date Received \_\_\_\_\_ Time \_\_\_\_\_ M. Fee \$ \_\_\_\_\_

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

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

Request Received:  In Person  \_\_\_\_\_  
 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 PAYMENT IS BY CHECK, an oral Stop-Payment Order is not effective, and a Stop-Payment Order is effective only if it is in writing. IF THE PAYMENT IS BY ACH DEBIT AND 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. With respect to ACH debits, the institution and the undersigned agree to abide by the ACH rules and regulations regarding Stop-Payment Orders.

Payee/Originator: \_\_\_\_\_  
 Scheduled Future Transfer Date: \_\_\_\_\_  
 Initiated/Authorized by Check #: \_\_\_\_\_  
 Dated: \_\_\_\_\_  
 Amount: \_\_\_\_\_

Authorized Signature

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 the Institution 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.

X \_\_\_\_\_ M.  
 DATE TIME

Payee/Originator: \_\_\_\_\_  
 Date of Authorization: \_\_\_\_\_  
 Description of Authorization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## II. WITHDRAWAL OF STOP-PAYMENT ORDER

<p><b>WITHDRAWAL OF STOP-PAYMENT ORDER</b></p> <p>The above Stop-Payment Order and any revocation of the authorization identified above are withdrawn as of the date shown below.</p> <p>_____</p> <p style="text-align: center;">Same Authorized Signature as                      Date Appears on Stop Payment</p>	<p><b>RECORD OF RECEIPT OF WITHDRAWAL OF STOP-PAYMENT ORDER</b></p> <p>Withdrawal of the above Stop-Payment Order received on _____                  _____ at _____ M.</p> <p>_____</p> <p style="text-align: center;">Signature of Representative of Financial Institution</p>
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