



Internal Use

## I. ACH Debit Stop-Payment Order

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

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: \_\_\_\_\_

Scheduled Future Transfer Date: \_\_\_\_\_

Initiated/Authorized by: \_\_\_\_\_

Dated: \_\_\_\_\_ Amount: \_\_\_\_\_

- 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.

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

Description of Authorization: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Fee\$: \_\_\_\_\_

Request Received:  In Person  By Phone, email, or other electronic

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 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 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.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The above Stop-Payment Order and any revocation of the authorization identified above are withdrawn as of the date shown below.

\_\_\_\_\_  
Same Authorized Signature as  
Appears on Stop Payment

\_\_\_\_\_  
Date

### RECORD OF RECEIPT OF WITHDRAWAL OF STOP-PAYMENT ORDER

Withdrawal of the above Stop-Payment Order received on  
\_\_\_\_\_ at \_\_\_\_\_ M.

\_\_\_\_\_  
Signature of Representative of Financial Institution