CHECK or ACH DEBIT STOP-PAYMENT ORDER



| | | | | | | Internal Use |
|---|--|---|--|---|--|---|
| | Account Number | | Accou | nt Title (Name on | Account) | |
| Check a | and complete (to the extent applicabl | e) one of the follo | owing two choices. | | | |
| 1. | 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. | | | | | |
| | | | \$ | | | |
| | Payee/Originator | | Amount | | | |
| | Scheduled Future Transfer | Date | | | | |
| | Initiated/Authorized by Chec | :k # | Dated | | | |
| 2. | Please stop all future ACH debits pursuant to the authorization indentified 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 | on | | |
| | Description of Authorization: | | | | | |
| 1.1 1.1 | | | ne institution a reasonabi | e opportunity to act | SIT IL, AND TOT SOME ACT | H debits, must be received |
| To be effe If the pay RECEIVE Stop-Pay | ree (3) banking days before the scheduled of active, a Stop-Payment Order also must iden ment is by check, OR IF THE PAYMENT IS E D THAT WRITTEN CONFIRMATION IS RE ment Order is effective for 14 calendar days and agree to abide by the ACH rules and reg | late of transfer. tify the payment suffi 3Y ACH DEBIT AND QUIRED AND PRO\ only, unless confirme | iciently to allow the Institt THE INSTITUTION GIV /IDES AN ADDRESS W ed in writing within the 14 | ution a reasonable o ES NOTICE AT TH HERE THE WRITT | pportunity to act on it. E TIME AN ORAL STOI EN CONFIRMATION C | P-PAYMENT ORDER IS AN BE SENT, an oral |
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Fill out, print, and sign form. Submit the form by bringing it or mailing it to our Banking Center at the address below. **DO NOT** submit this form by regular email or fax, as your personal data will not be encrypted.