

CHECK or ACH DEBIT STOP-PAYMENT ORDER



STOP-PAYMENT ORDER

Internal Use

Account Number _____

Account Title (Name on Account) _____

Check and complete (to the extent applicable) one of the following 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 Check # _____ Dated _____

2. 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: _____

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 (3) 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, OR 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 _____ Time _____

Institution Name: **The Victory Bank** Request Received: In Person By Phone _____
Other _____

Received By _____ Date _____ Time _____ \$ _____
Fee

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The above Stop-Payment Order and any revocation of the authorization identified above are withdrawn as of the date shown below.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

RECORD OF RECEIPT OF WITHDRAWAL OF STOP-PAYMENT ORDER

Withdrawal of the above Stop-Payment Order received on:

Date: _____ at: _____

Signature of Representative of Financial Institution _____

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.