STOP PAYMENT REQUEST ORDER

			a.m.		Consumer
Today's Date		Time	p.m.	Account Type:	Corporate
Account Name		Contact Phone No			
Payable To		Transaction Amount \$			
Expected Clearing Date of Item(s)		Reason for Stop Payment			
Account Number				\ TAT : ()	
		If applicable			If applicable
Terms and Conditions: On the terms here (financial institution name), hereinafter					
One ACH Payment (Consumer of The stop payment order shall remains (1) Written notice being received (2) The return of the debit entry.	in in effect until the earlier of:		ent order; or		
Recurring ACH Payment (Cons	umer Account) (Recurring PF	PD, TEL, WEB or IAT O	NLY)		
The account holder authorize "the Company", to originate	edone or more ACH entries to	debit funds from the	(compa	ny name), herein	after called
(A) On in the manner specified in th		er revoked that author	rization by notifying	g the Company	
(B) The account holder will b	e notifying the Company or	n(d	ate) in the manner sp	pecified in the aut	horization.
to the Financial Institut	ved from the account holder	from today's date. If the ease to be binding and rlier of:	he Financial Institut d subsequent debits	ion does not recei	ive the required
One ACH Payment (Corporate A The stop payment order shall remain (1) Written notice being received (2) The return of the debit entry; (3) Six months from the date of the	in in effect until the earlier of: from the account holder to 1 or				
Check The stop payment order shall remain	in in effect for six months.				
A charge, as reflected, will be assessed to the account hold By directing the Financial Institution to stop payment on including court costs and attorney's fees, that the Financia expiration thereof. The account holder understands that the reasonable time to act upon it. The account holder also un of the above items(s). The account holder agrees to hold his the result of failure of the account holder to meet the tir completely, accurately and correctly.	the above transaction(s), the account hold I Institution may suffer or incur by reasone stop payment request must be received derstands that it is necessary to provide armless and indemnify the Financial Ins	lder agrees to hold the Financi on of non-payment of the abov d at least three (3) business da the correct information related titution for all expenses, costs,	e transaction if presented pr ys before a scheduled debit(s d to the transaction(s) and th , and damages incurred by pa	ior to withdrawal of these or in time to give the Finat failure to do so may re ayment of the above item	e instructions or inancial Institution esult in the payment u(s) if such payment
I am an authorized signer, or otherwise have authority to a concert with me. I have read this statement in its entirety				fraudulent intent by me	or any person acting in
Date Account Holder Signa	ature	Pri	int Name		
I (account holder) release the Financial Instit		•			
Date Account Holder Signa	nture	Pri	int Name		
		l Institution Use Only			
Verbal Stop Payment Request Accepted on					
Signed Stop Payment Request Accepted on Written Confirmation of Revocation Received on					
		Dy			