



STOP PAYMENT AND UNAUTHORIZED IMPLEMENTATION GUIDE

Account Holder Name: _____
Account Number: _____
Check Number: _____
Check Amount: _____
Date of Issuance: _____
Name of Payee: _____
Reason: _____

For pre-authorized entries, three business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three business day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question.
_____ (*Account holder initial here*)

A Fee will be assessed to the account holder as payment for implementing this order:

Fee Assessed \$ _____

This form acknowledges the account holder's request to stop payment on pre-authorized electronic fund transfers as indicated above. The account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by the account holder or any person acting in concert with the account holder, and that the signature below is the account holder's own proper signature.

Signature

Date

For Financial Institution Use Only

Instructions received by: _____ Date: _____ Time: _____