

STOP PAYMENT REQUEST ORDER

Today's Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m. Account Type: Consumer Corporate
Account Name \_\_\_\_\_ Contact Phone No. \_\_\_\_\_
Payable To \_\_\_\_\_ Transaction Amount \$ \_\_\_\_\_
Expected Clearing Date of Item(s) \_\_\_\_\_ Reason for Stop Payment \_\_\_\_\_
Account Number \_\_\_\_\_ Check Serial No.(s) \_\_\_\_\_ Date Check(s) Written \_\_\_\_\_

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs \_\_\_\_\_ (financial institution name), hereinafter called "the Financial Institution", to stop payment on the below transaction(s).

One ACH Payment (Consumer Account)

The stop payment order shall remain in effect until the earlier of:
(1) Written notice being received from the account holder to revoke the stop payment order; or
(2) The return of the debit entry.

Recurring ACH Payment (Consumer Account) (Recurring PPD, TEL, WEB or IAT ONLY)

The account holder authorized \_\_\_\_\_ (company name), hereinafter called "the Company", to originate one or more ACH entries to debit funds from the above account.

- (A) On \_\_\_\_\_ (date), the account holder revoked that authorization by notifying the Company in the manner specified in the authorization; or
(B) The account holder will be notifying the Company on \_\_\_\_\_ (date) in the manner specified in the authorization.

The stop payment order shall remain in effect until the earlier of:
1) Written notice being received from the account holder to revoke the stop payment order; or
2) The return of all debit entries.

ACH Payment (Corporate Account)

One Payment Multiple Payments

The stop payment order shall remain in effect until the earlier of:
(1) Written notice being received from the account holder to revoke the stop payment order;
(2) The return of the debit entry(ies); or
(3) \_\_\_\_\_ (time frame) from the date of the stop payment order.

Check

The stop payment order shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$ \_\_\_\_\_
By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Date \_\_\_\_\_ Account Holder Signature/Authentication \_\_\_\_\_ Print Name \_\_\_\_\_

I (account holder) release the Financial Institution from its obligation to stop payment on the above transaction(s).

Date \_\_\_\_\_ Account Holder Signature/Authentication \_\_\_\_\_ Print Name \_\_\_\_\_

For Financial Institution Use Only
Verbal Stop Payment Request Accepted on \_\_\_\_\_ By \_\_\_\_\_
Signed Stop Payment Request Accepted on \_\_\_\_\_ By \_\_\_\_\_
Written Confirmation of Revocation Received on \_\_\_\_\_ By \_\_\_\_\_

WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

Name (please print or type) \_\_\_\_\_

Account Number \_\_\_\_\_ Amount of Debit \$ \_\_\_\_\_ Date of Debit \_\_\_\_\_

Party Debiting the Account \_\_\_\_\_

STATEMENT

By submitting this Written Statement of Unauthorized Debit, I attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

Please select the option that best fits your reason for dispute.

I did not authorize the party listed above to debit my account. (R10; R05 if CCD/CTX to consumer account)

I revoked authorization I had given to the party to debit my account before the debit was initiated. (R07)

My account was debited before the date I authorized. (R11)

My account was debited for an amount different than I authorized. (R11)

My account was debited, but the corresponding payment was not credited to my account with the party above. (R11)

I authorized the party above to debit my account, but they exceeded the permissible attempts to collect. (R11)

My account was debited by an improper reversal. (R11)

My check was improperly processed electronically (Check one of the following):

For ARC, POP and BOC Entries Only

The debit was not properly authorized by the party above in accordance with the ACH Rules requirements. (R10)

The check was ineligible to be initiated as an ARC, POP or BOC entry. (R11)

The amount of the ARC, POP or BOC entry was not accurately obtained from the check. (R11)

Both the check and ARC, POP or BOC entry to which it relates have been presented for payment. (R37)

For RCK Entries Only

The check was ineligible to be initiated as an RCK entry. (R51)

Notice was not provided by the party listed in accordance with the ACH Rules requirements. (R51)

Signatures on the check were not authentic or authorized, or the check was altered. (R51)

The amount of the RCK entry was not accurately obtained from the check. (R51)

Both the RCK entry and the check to which the RCK entry relates have been presented for payment. (R53)

SIGNATURE

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated by me or any person acting in concert with me with fraudulent intent. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to \$1,000,000, or imprisonment up to 30 years, or both under the provisions of Federal law (18 U.S.C. §1344).

Date \_\_\_\_\_ Account Holder Signature/Authentication \_\_\_\_\_

Note to Account Holder: Your account will be recredited no later than \_\_\_\_\_. A copy of this form (paper or electronic) may be provided to you upon return of the debit(s) as notice of final disposition and recredit to your account.

For Financial Institution Use Only

Accepted by \_\_\_\_\_ Date \_\_\_\_\_

Date Entry(ies) Returned and Recredit Applied to Account \_\_\_\_\_

Date copy of form provided or made available to the account holder \_\_\_\_\_