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PO Box 1149 (Mailing Address)  
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**STOP PAYMENT REQUEST: ACH and CHECKS**

Date of Request: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Payee / Originator: \_\_\_\_\_

Check Number: \_\_\_\_\_ Item Date: \_\_\_\_\_

Reason for Stop Payment (If required by Financial Institution): \_\_\_\_\_

Amount of ACH /Check: \_\_\_\_\_ Stop Payment Fee: \_\_\_\_\_

Type of Transaction:  ACH/Electronic Check  Check/Share Draft  Paper Draft

I would like the above-mentioned payment stopped **ONE** time.

The ACH stop payment will remain in effect (1) until one payment of the debit entry has been stopped, or (2) until the Receiver withdraws the stop payment order, whichever occurs earliest. The check or paper draft stop payment will remain in effect for (1) six months, (2) until one payment of the debit entry has been stopped, or (3) until the Receiver withdraws the stop payment order, whichever occurs earliest.

I would like to stop payment on the above-mentioned transaction and all subsequent payments matching the criteria.

I understand that this stop payment order applies only to the specific criteria listed above. The ACH stop payment will remain in effect (1) until all payments from the specific Originator have stopped, or (2) until the Receiver withdraws the stop payment order, whichever occurs earliest. I understand that the financial institution may require proof of revocation with the Originator and if that proof cannot be supplied to the financial institution within fourteen (14) days, it may honor subsequent debits to my account.

I certify that I have revoked authorization with this ORIGINATOR in the manner specified in the authorization.

**STOP PAYMENT TERMS AND CONDITIONS:**

I (the owner of the account number listed above) hereby instruct the financial institution to stop payment on the above transaction(s). I understand that placing a stop payment order on recurring ACH transactions will not cancel my authorization with the merchant. It is understood that in-order to place a stop payment on all subsequent payments from the Originator, I must notify the Originator to cancel my authorization prior to placing the stop payment order.

It is understood that by placing this Stop Payment Request on the transaction(s) listed above that 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.

**TIMING OF STOP PAYMENT ORDER:**

I understand a stop payment order must be received in time to allow the institution a reasonable opportunity to act on it prior to acting on the debit entry and for some ACH debits, the order must be received at least three (3) banking days prior to the scheduled date of the transfer. To be effective, the stop payment order must also sufficiently identify the payment. If the order is accepted orally and notice is given that a written confirmation is required, the written confirmation must be received within fourteen (14) days of the oral order. 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: \_\_\_\_\_

Verbal Request Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Written Request Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_