

## **Stop Payment Request Form**

Member FD	Request Form  Account Number:			
		Account Type:	Consumer	Commercial
Stop Payment For Check	Check Number:	Т	Fransaction Amount:	
	Issue Date:	F	ayable To:	
On the terms hereinafter set out, the undersign above transaction. The stop payment order shaccount holder to revoke the stop payment ord	nall remain in effect for 1) 14 days if	received orally, 2) 180 days if received	ed in writing, 3) until written notic	
Stop One ACH Payment	Expected Clearing Date		Transaction Amount	
	Expected Cleaning Date		Hansaction Amount.	
	Company ID:		Company Name:	
above transaction. For Consumer accounts, the to revoke the stop payment order, or 3) until paeffect for 1) 14 days if received orally, 2) 180 payment of the entry has been stopped, which	ayment of the entry has been stoppe days if received in writing, 3) until w	ed, whichever occurs first. For Non-	Consumer accounts, the stop pa	yment order shall remain in
Stop Payment For Recurring Entry (Consumer Accounts Only)	Expected Clearing Date		Transaction Amount:	
	Company ID:		Company Name:	
Revocation  Date Author  Method o	on Method: horization Revoked: of Revocation: Phone M		 ner:	
The stop payment order shall remain in effect funtil written notice is received from the account. The account holder agrees to provide Firs Company will be considered received by Fiform, and 2) this stop payment form has lacalendar days from today's date, then First	t holder to revoke the stop payment of State Bank with written confirm irst State Bank only after 1) the ri been signed by the account hold	order, whichever occurs first. mation of the revocation with the evocation method details have be der. If written confirmation of the	Company. Written confirmation provided to First State Bai	tion of revocation with the nk and documented on this
A charge of \$30.00 will be assessed to the ac	count holder as payment for implen	nenting this order.		
By directing First State Bank to stop payment or and costs, including court costs and attorney's these instructions or expiration thereof.				
Account holder understands that the stop payn reasonable time to act upon it.	nent request must be received at lea	ast three (3) business days before a	scheduled debit(s) or in time to	give First State Bank
The account holder also understands that it is above item(s). The account holder agrees to he payment is the result of failure of the account he	old harmless and indemnify First St	tate Bank for all expenses, costs, ar	nd damages incurred by paymer	
I further state that the debit transaction(s) was signature. I certify under penalty of perjury that		by me or any person acting in conce	ert with me, and that the signatu	re below is my own proper
	Date Account H	dolder Signature	Phone Number	
For Bank Use Only Account Holde	er has been advised of First State B	ank's written confirmation requireme	ents & has been provided First S	tate Bank's mailing address.

Written confirmation has been received within 14 calendar days of the stop payment order.

Date

Date

Employee Signature

Employee Signature

\_ by \_

Time

Time

Verbal Stop Payment Accepted on:

Signed Stop Payment Received on: \_

Account Holder: \_\_