

2012 STOP PAYMENT REQUEST ORDER

FINANCIAL INSTITUTION NAME:

Customer Name:	Today's Date:		
Phone Number:	Time:	a.m. <input type="checkbox"/>	p.m. <input type="checkbox"/>
Account Number:	Account Name:		
Date Check Written:	Expected Clearing Date:		
Amount:\$	Check Serial No.(s):		
Payable To:	Consumer Account: <input type="checkbox"/>	Corporate Account: <input type="checkbox"/>	
ACH/Electronic Check: <input type="checkbox"/>	Check/Share Draft/Paper Draft: <input type="checkbox"/>		
Verbal Stop Payment Request Date:	Written Confirmation of Revocation Received:		
Reason for Stop Payment:			
<input type="checkbox"/> One-time only ACH Stop Payment on a Consumer Account (*see below for more information)			
<input type="checkbox"/> Stop Payment for multiple or recurring ACH entries on a Consumer Account:			
1) I am ordering my financial institution to stop all future payments relating to a specific authorization involving this company: 2) This financial institution may require you (account holder) to confirm in writing that you (account holder) have revoked the authorization given to:			
<input type="checkbox"/> Stop Payment for a Single ACH Payment on a Corporate Account			
1) The stop payment order is effective for six month unless it is renewed in writing 2) The stop payment order must be provided at such a time and manner as to allow the financial institution a reasonable opportunity to act upon the stop payment order prior to acting on the debit entry			
<input type="checkbox"/> Stop Payment for Check/Share Draft/Paper Draft			
1) The stop payment order is effective for six months 2) The stop payment order may be renewed for an additional six-month period			
Notes:			

An RDFI must honor a stop payment order provided by a Receiver, either verbally or in writing, to the RDFI at least three Banking Days before the scheduled date of any debit Entry to a Consumer Account other than a Single Entry. An RDFI may in its discretion honor such a stop payment order received within such three Bank Day period.
 An RDFI must honor a stop payment order provided by a Receiver, either verbally or in writing, to the RDFI as such time and in such manner as to allow the RDFI a reasonable opportunity to act upon the order prior to acting on a Single Entry debit t to be initiated to a Consumer Account as an ARC, BOC, IAT, POP, RCK, TEL or WEB Entry.
 An RDFI may require written confirmation of a verbal stop payment order within fourteen days of the verbal stop payment order, provided that the RDFI notifies the Receiver of this requirement and provides an address to which the written confirmation should be sent at the time the verbal order is provided. If the RDFI requires a written confirmation, the verbal stop payment order will cease to be binding after fourteen days.
 *A stop payment order will remain in effect until the earlier of: (a) the withdrawal of the stop payment order by the Receiver; or (b) the return of the debit Entry, or, where a stop payment order applies to more than one debit Entry relating to a specific authorization involving a specific Originator, the return of all such debit Entries. Subsection 3.7.1.4 of the NACHA Operating Rules & Guidelines.

By directing the Financial Institution to stop payment on the above transaction(s), I agree to indemnify the Financial Institution against all liability, loss, costs, damages, attorney's fees and other expenses. The Financial Institution shall have no liability or responsibility to any Originator, ODFI, or other Person having any interest in such Entry for honoring a stop payment order in accordance with Section 3.7 of the NACHA Operating Rules & Guidelines.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the transaction 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	Print Name
Date	FI Representative Signature	Print Name

A fee of \$_____ will be assessed to the account holder as payment for this order.

SWACHA is in no way responsible for any error or omission in this statement. This form was constructed in accordance with the ACH Operating Rules. Further clarification may be obtained from a current Rules book, legal counsel, or from the SWACHA Payments Answerline™ at 1-800-475-0585. All Rights Reserved. No part of this publication may be reproduced or transmitted in any form without permission in writing from the publisher – SWACHA The Electronics Payments Resource®, 1999 Bryan St., Ste. 3600, Dallas, TX 75201