

**FIRST STATE BANK**  
**CHECK & ACH STOP PAYMENT REQUEST FORM**

E-OPS INITIALS: \_\_\_\_\_

Date Request Accepted: \_\_\_\_\_ Time: \_\_\_\_\_ Request Received:  In-person  Phone  Online

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

Payable To: \_\_\_\_\_ Amount of check or ACH: \_\_\_\_\_

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

Replacement Check Issued?  NO  YES, NUMBER: \_\_\_\_\_

Company ID: \_\_\_\_\_ Expected Settlement Date (for ACH's with no check written): \_\_\_\_\_

Reason for Stop Payment: \_\_\_\_\_

- Select One:  Stop Single Entry - choose this for all checks and one-time ACH stop
- Stop All Future Debits Pursuant to a Revoked Authorization – choose this to stop all future debits from the specific Originating Company identified above when the account holder has contacted the Company to revoke authorization as required by the authorization. **BY SIGNING BELOW, THE ACCOUNT HOLDER ACKNOWLEDGES THAT THE FINANCIAL INSTITUTION HAS REQUESTED A COPY OF THE REVOCATION AS WRITTEN CONFIRMATION. IF SUCH COPY IS NOT PROVIDED WITHIN 14 DAYS, THE FINANCIAL INSTITUTION WILL ONLY BLOCK SUCH DEBITS FOR 14 DAYS UNDER THIS STOP PAYMENT ORDER.**
- Stop Multiple Entries – choose this to stop all future debits from the specific Originating Company identified above when the specific authorization has not been revoked.

If UNPAID, you are hereby requesting the Financial Institution to stop payment of this item(s). The undersigned agrees to hold the Financial Institution harmless for all expenses and costs incurred by the institution on account of refusing payment thereof. The account holder agrees that the Financial Institution is not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner, as specified under the Rules and Regulations. **A VERBAL STOP PAYMENT REQUEST IS EFFECTIVE FOR ONLY 14 CALENDAR DAYS UNLESS CONFIRMED IN WRITING.** The stop payment order of an ACH entry will remain in effect until the earlier of (1) the withdrawal of the stop payment order by you, the Receiver, or (2) the return of the debit entry, or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Originator, the return of all such debit entries. A written stop pay request for checks remain in effect for six months.

I have read and accept the terms and conditions above. I further depose and say that the transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me and that the signature below is my own proper signature. I certify that the foregoing is true and correct.

I understand that my account will be charged **\$33.00**.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Initials & Branch #

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**WITHDRAWAL**

I hereby withdraw this stop payment order. Withdrawal is effective upon dated signature of  *the same customer that requested the initial stop payment order* **OR**  *an authorized signer on the account.* (Must pick one)

\_\_\_\_\_  
**Customer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Initials & Branch #**

**SYSTEM ENTRY**

\_\_\_\_\_  
**Date Entered on System**

\_\_\_\_\_  
**E-Ops employee**

<b>RETURN CODES FOR INTERNAL USE ONLY</b>		
<b>FOR USE WHEN AN ACH HAS COME IN BUT NOT YET POSTED TO THE ACCOUNT:</b>		
<b>(R08) STOP PAYMENT</b> <i>Receiver requests stop payment of a single ACH entry.</i>	<u>ENTRY (SEC) TYPE</u> ALL	<u>RETURN TIME FRAME</u> WITHIN 24 HOURS
<b>FOR USE WHEN A STOP WAS IN PLACE &amp; ACH ENTRY POSTED TO THE ACCOUNT:</b>		
<b>(R38) STOP PAYMENT ON SOURCE DOCUMENT</b> <i>The RDFI determines that a stop payment order has been placed on the source document to which the ARC or BOC entry relates.</i>	<u>ENTRY (SEC) TYPE</u> ARC & BOC	<u>RETURN TIME FRAME</u> 60 DAYS
<b>(R52) STOP PAYMENT ON ITEM</b> <i>The RDFI determines that a stop payment has been placed on the item to which the RCK entry relates.</i>	RCK	60 DAYS