

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stop all future debits from the specific Originating Company identified above when the specific authorization has not been revoked.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

RETURN CODES FOR INTERNAL USE ONLY		
FOR USE WHEN AN ACH HAS COME IN BUT NOT YET POSTED TO THE ACCOUNT:		
(R08) STOP PAYMENT <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
FOR USE WHEN A STOP WAS IN PLACE & ACH ENTRY POSTED TO THE ACCOUNT:		
(R38) STOP PAYMENT ON SOURCE DOCUMENT <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
(R52) STOP PAYMENT ON ITEM <i>The RDFI determines that a stop payment has been placed on the item to which the RCK entry relates.</i>	RCK	60 DAYS