## **STOP PAYMENT REQUEST ORDER**

			a.m.		Consumer
Today's Date		Time	p.m.	Account Type:	Corporate
Account Name		_ Contact Phone No			
Payable To		Transaction Amount \$			
Expected Clearing Date of Item(s)		Reason for Stop Payment			
Account Number				\ TAT : ( )	
		If applicable			If applicable
Terms and Conditions: On the terms here (financial institution name), hereinafter of					
One ACH Payment (Consumer And The stop payment order shall remail (1) Written notice being received (2) The return of the debit entry.	n in effect until the earlier of:		ent order; or		
Recurring ACH Payment (Const	amer Account) (Recurring PF	PD, TEL, WEB or IAT O	NLY)		
The account holder authorize "the Company", to originate o	edone or more ACH entries to	debit funds from the	(compa	ny name), herein	after called
(A) Onin the manner specified in th		er revoked that author	rization by notifying	g the Company	
(B) The account holder will b	e notifying the Company or	n(da	ate) in the manner sp	pecified in the aut	horization.
to the Financial Institut	ved from the account holder	from today's date. If the ease to be binding and rlier of:	he Financial Institut d subsequent debits	ion does not recei	ive the required
One ACH Payment (Corporate A The stop payment order shall remai (1) Written notice being received (2) The return of the debit entry; (3) Six months from the date of the	n in effect until the earlier of: from the account holder to n or				
<b>Check</b> The stop payment order shall remain	n in effect for six months.				
A charge, as reflected, will be assessed to the account hold By directing the Financial Institution to stop payment on a including court costs and attorney's fees, that the Financia expiration thereof. The account holder understands that the reasonable time to act upon it. The account holder also un of the above items(s). The account holder agrees to hold his the result of failure of the account holder to meet the time completely, accurately and correctly.	the above transaction(s), the account hold I Institution may suffer or incur by reasone the stop payment request must be received derstands that it is necessary to provide armless and indemnify the Financial Ins	Ider agrees to hold the Financi on of non-payment of the abov d at least three (3) business day the correct information related titution for all expenses, costs,	re transaction if presented pr ys before a scheduled debit(s d to the transaction(s) and th , and damages incurred by pa	ior to withdrawal of these  or in time to give the Finat failure to do so may re  ayment of the above item	e instructions or inancial Institution esult in the payment u(s) if such payment
I am an authorized signer, or otherwise have authority to a concert with me. I have read this statement in its entirety				fraudulent intent by me	or any person acting in
Date Account Holder Signa	ture	Pri	int Name		
I (account holder) release the Financial Instit		•			
Date Account Holder Signa	ture	Pri	int Name		
		l Institution Use Only			
Verbal Stop Payment Request Accepted on					
Signed Stop Payment Request Accepted on Written Confirmation of Revocation Received on					
TITLE OF COMMINGUIN OF REVOCATION RECEIVED OIL_		Бу			