STOP PAYMENT REQUEST ORDER

Today's Date		Time	a.m. — p.m.	Account Type:	Consumer Corporate
Account Name		Contact Phone No			
Payable To		Transaction Amount \$			
Expected Clearing Date of Item(s)	If known	Reason for Stop Payment	t		
Account Number					
Terms and Conditions: On the terms h (financial institution name), hereinaft					
One ACH Payment (Consum The stop payment order shall rer (1) Written notice being receiv (2) The return of the debit entr	nain in effect until the earlier of: ed from the account holder to a		order; or		
Recurring ACH Payment (Consumer Account) (Recurring PPD, TEL, WEB or IAT ONLY)					
The account holder authorized(company name), hereinafter called "the Company", to originate one or more ACH entries to debit funds from the above account.					after called
(A) On in the manner specified in	(date), the account holde	er revoked that authorizat	ion by notifyir	ng the Company	
(B) The account holder wi	ll be notifying the Company or	n(date) :	in the manner	specified in the aut	horization.
The stop payment order sh	all remain in effect until the ea	rlier of:			

1) Written notice being received from the account holder to revoke the stop payment order; or

2) The return of all debit entries.

One ACH Payment (Corporate Account)

The stop payment order shall remain in effect until the earlier of:

- (1) Written notice being received from the account holder to revoke the stop payment order;
- (2) The return of the debit entry; or

(3) Six months from the date of the stop payment order, unless it is renewed in writing.

Check

The stop payment order shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof. The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above items(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if (a) such payment is the result of failure of the account holder to meet the time requirements noted above, (b) is the result of failure of the account holder to furnish any item of information according to the terms herein; provided, however, such agreement by account holder shall not extend to costs arising from honoring a valid stop payment request or if the Financial Institution is unable to stop payment due to inadvertence, accident, or oversight.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit 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			
I (account holder) release the Financial Institution from its obligation to stop payment on the above transaction(s).					
Date	Account Holder Signature	Print Name			
For Financial Institution Use Only					
Verbal Stop Payment Rec	quest Accepted on	By			
Signed Stop Payment Request Accepted on		By			
Written Confirmation of Revocation Received on		By			

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