

For a stop payment on a single check:

- Complete the **Check Number** box.
- Complete the **Amount** box.
- Complete the **Payee** box with the name on your check.
- The stop payment order will remain in effect for six months.

To stop payment on an ACH single or recurring entry, please contact one of our offices by phone or in person.

For improper POS debit(s), please contact one of our offices by phone or in person to complete the necessary form.

Stop Payment Disclosure:

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 Account Disclosure, Rules, and Regulations.

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.

Consumer and non-consumer verbal stop payments are accepted. Stop Payments may be obtained as an Electronic Record and signed electronically via orally over the telephone or writing over the internet.

I understand that my account will be charged \$30.