



Stop Payment Request: ACH

Account Holder Name _____

Account No. _____ Originating Company _____

☐ Specific Transaction Amount \$ _____ OR ☐ Any Amount

For pre-authorized entries, advance notice of three business days prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three business days of the expected transfer date, we will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time was not provided for a pre-authorized transfer that occurs within the three-business-day period. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) sufficient to enable the identification of the account and transaction(s) in question.

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request prior to finalizing the ACH entry.

Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:

☐ I wish to stop all future payments from this Originator indefinitely

☐ I wish to stop the next payment only

Future entries from this Originator are to be paid, unless I provide an additional stop payment request.

☐ I wish to stop a series of payments

Identify the payment dates or months of the specific payments from the Originator you wish stopped:

A \$25.00 fee will be assessed to the account holder for implementation of this order.

The signature below signifies the account holder's acknowledgement of the request to stop payment on pre-authorized electronic funds transfers as indicated above. The account holder further represents that the debit transaction(s) described above were not originated with fraudulent intent by you or any person acting in concert with you, and that the signature below is your own proper signature.

Member Signature

Date

FAX 626.350.1400

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Office Use Only	
Instructions Received by:	
Date:	Time: