

# ACH/CHECK STOP PAYMENT AUTHORIZATION

Please select one of the reasons below:

☐ **One time Stop Payment (Consumer Account)**

Terms and conditions: I would like CBC to stop payment on the transaction listed below. The order shall remain in effect (1) until written notice is received from the account holder to revoke the stop payment order; or (2) until payment of entry has been stopped, whichever occurs first.

☐ **Stop Payment for Recurring ACH Entries (Consumer Account)**

Terms and conditions: I authorized \_\_\_\_\_, hereinafter called the "Company," to originate one or more ACH entries to debit funds from my account, but on \_\_\_\_\_, 20\_\_\_\_ I revoked that authorization by notifying the Company in the manner specified in the authorization; or will be notifying the Company on \_\_\_\_\_ (date) in the manner specified in the authorization. I would like the Financial Institution to stop payment on all future transaction that meet the criteria listed below.

☐ **One time Stop Payment (Business Account)**

Terms and conditions: The undersigned account holder hereby instructs CBC stop payment on the transaction listed below. The order shall remain in effect for six months.

Expected Clearing Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

Account Holder \_\_\_\_\_

Account Number \_\_\_\_\_

Today's Date \_\_\_\_\_

Time \_\_\_\_\_

Payable To \_\_\_\_\_

Account Type: Consumer / Business

Check No.(s) if applicable \_\_\_\_\_

Date of Check \_\_\_\_\_

Replacement Check Number \_\_\_\_\_

Reason for Stop Payment \_\_\_\_\_

Verbal Stop Payment Requested by \_\_\_\_\_

Information Verified: SSN/D.O.B./Mother's Maiden Name/Other: \_\_\_\_\_

A charge, as reflected, will be assessed to the account holder as payment for implementing this order: **Fee Assessed \$30.00**

This authorization is our record of your Stop Payment Order and represents our understanding of the Order. ORAL Stop Payment Orders are effective for 14 calendar days only.

The account holder agrees to hold the Institution harmless for all expenses and costs incurred by the Financial Institution on account of refusing payment of said transaction(s) and agrees not to hold the Financial Institution liable on account of payment contrary to this request if same occurs through inadvertence, accident, oversight or if such payment is the result of failure of the account holder to furnish any item of information requested completely, accurately and correctly.

The account holder understands that the Stop Payment Order must be received at least three (3) business days before a scheduled debit(s). For ARC, BOC, RCK, POP, Single-Entry WEB, and TEL entries, the stop payment order must be provided to the Financial Institution at such time and in such manner as to allow the Financial Institution a reasonable opportunity to act upon the stop payment order prior to acting on the debit entry.

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 item(s).

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit(s) above was/were 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.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

Below This Line for Financial Institution Use Only

Verbal Stop Payment Request Accepted on \_\_\_\_\_  
Signed Stop Payment Request Accepted on \_\_\_\_\_  
Written Confirmation of Revocation Received on \_\_\_\_\_

By \_\_\_\_\_  
By \_\_\_\_\_  
By \_\_\_\_\_