



# Stop Payment Request Form

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

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

Account Type:  Consumer  Commercial

**Stop Payment For Check**

Check Number: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Payable To: \_\_\_\_\_

On the terms hereinafter set out, the undersigned account holder hereby instructs First State Bank of St. Charles, MO, hereinafter called "First State Bank," to stop payment on the above transaction. The stop payment order shall remain in effect for 1) 14 days if received orally, 2) 6 months if received in writing, 3) until written notice is received from the account holder to revoke the stop payment order, or 4) until payment of the entry has been stopped, whichever occurs first.

**Stop One ACH Payment**

Expected Clearing Date \_\_\_\_\_ Transaction Amount: \_\_\_\_\_

Company ID: \_\_\_\_\_ Company Name: \_\_\_\_\_

On the terms hereinafter set out, the undersigned account holder hereby instructs First State Bank of St. Charles, MO, hereinafter called "First State Bank," to stop payment on the above transaction. For Consumer accounts, the stop payment order shall remain in effect for 1) 14 days if received orally, 2) until written notice is received from the account holder to revoke the stop payment order, or 3) until payment of the entry has been stopped, whichever occurs first. For Non-Consumer accounts, the stop payment order shall remain in effect for 1) 14 days if received orally, 2) 6 months if received in writing, 3) until written notice is received from the account holder to revoke the stop payment order, or 4) until the payment of the entry has been stopped, whichever occurs first.

**Stop Payment For Recurring Entry**  
*(Consumer Accounts Only)*

Expected Clearing Date \_\_\_\_\_ Transaction Amount: \_\_\_\_\_

Company ID: \_\_\_\_\_ Company Name: \_\_\_\_\_

On the terms hereinafter set out, the undersigned account holder hereby instructs First State Bank of St. Charles, MO, hereinafter called "First State Bank," to stop payment on the above transaction(s).

The account holder authorized \_\_\_\_\_ (company name), hereinafter called "the Company", to originate one or more ACH entries from the above account, but **will revoke** that authorization with the Company in the manner specified in the authorization.

The account holder authorized \_\_\_\_\_ (company name), hereinafter called "the Company", to originate one or more ACH entries from the above account, but **has revoked** that authorization by notifying the company in the manner specified in the authorization.

|  |
|--|
| <u>Revocation Method:</u>  |
| Date Authorization Revoked: _____  |
| Method of Revocation: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Website <input type="checkbox"/> Other: _____ |
| Representative Name / Reference # / Other: _____   |

The stop payment order shall remain in effect for 1) 14 days if received orally, 2) indefinitely if written confirmation is received by First State Bank within 14 calendar days, or 3) until written notice is received from the account holder to revoke the stop payment order, whichever occurs first.

**The account holder agrees to provide First State Bank with written confirmation of the revocation with the Company. Written confirmation of revocation with the Company will be considered received by First State Bank only after 1) the revocation method details have been provided to First State Bank and documented on this form, and 2) this stop payment form has been signed by the account holder. If written confirmation of the revocation with the Company is not received within 14 calendar days from today's date, then First State Bank will honor subsequent debits to the account.**

A charge of \$30.00 will be assessed to the account holder as payment for implementing this order.

By directing First State Bank to stop payment on the above transaction(s), the account holder agrees to hold First State Bank harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the bank may suffer or incur by reason of non-payment of the above transaction(s) if presented prior to withdrawal of these instructions or expiration thereof.

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 First State Bank 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 item(s). The account holder agrees to hold harmless and indemnify First State Bank for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly.

I further state that the debit transaction(s) 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 under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_ Date Account Holder Signature Phone Number

**For Bank Use Only**

- Account Holder has been advised of First State Bank's written confirmation requirements & has been provided First State Bank's mailing address.
- Written confirmation has been received within 14 calendar days of the stop payment order.

Verbal Stop Payment Accepted on: \_\_\_\_\_ by \_\_\_\_\_ at \_\_\_\_\_  
Date Employee Signature Time

Signed Stop Payment Received on: \_\_\_\_\_ by \_\_\_\_\_ at \_\_\_\_\_  
Date Employee Signature Time