

**STOP PAYMENT REQUEST ORDER**

Today's Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. \_\_\_ p.m.

Account Number \_\_\_\_\_ Account Type: \_\_\_ Corporate \_\_\_ Consumer

Account Name \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Payable To \_\_\_\_\_ Transaction Amount \$ \_\_\_\_\_

Check Serial No(s) \_\_\_\_\_ Date Check(s) Written \_\_\_\_\_

Expected Clearing Date of Item(s) \_\_\_\_\_ Reason for Stop Payment \_\_\_\_\_

**Stop Payment for Single ACH Payment**

*Terms and Conditions:* On the terms hereinafter set out, the undersigned account holder hereby instructs Home State Bank to stop payment on the above transaction. The stop payment order shall remain in effect

**(Consumer Account)**

- (1) until written notice is received from the account holder to revoke the stop payment order; or
  - (2) until payment of the entry has been stopped,
- whichever occurs first.

**(Corporate Account)**

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

**Stop Payment for Recurring ACH Entries:**

*Terms and Conditions:* On the terms hereinafter set out, the undersigned account holder hereby instructs Home State Bank to stop payment on the above transaction(s).

The account holder authorized \_\_\_\_\_ (company name) to originate one or more ACH entries to debit funds from the above account,

- (1) but on \_\_\_\_\_ (date), revoked that authorization by notifying \_\_\_\_\_ (company name) in the manner specified in the authorization; or

- (2) will be notifying \_\_\_\_\_ (company name) on \_\_\_\_\_ (date) in the manner specified in the authorization.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order.  
\_\_\_\_\_ \$25.00 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 cost, 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 item(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 such payment is the result of failure of the account holder to meet the time requirement noted above, or 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 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 \_\_\_\_\_

Date \_\_\_\_\_ FI Representative Signature \_\_\_\_\_