

Stop Payment Request Order

Today's Date: _____ **Account Type:** Consumer Corporate

Account Number: _____ **Account Holder:** _____

Check Date: _____ **Expected ACH Clearing Date** _____ **Amount \$** _____

Check No.(s) if applicable _____ **Payable To** _____

Reason for Stop Payment _____ **Duplicate Check Issued** Yes No # _____

Please select one of the reasons below:

Stop Payment for Single ACH Payment (Consumer Account)
Terms and conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Peoples Savings Bank, hereinafter called the "Financial Institution," to stop payment on the above transaction. The stop payment 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: Verify Standard Entry Code PPD WEB IAT (consumer)
Terms and conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Peoples Savings Bank, hereinafter called "the Financial Institution", 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.

The account holder agrees to provide the Financial Institution with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If the Financial Institution does not receive the required written confirmation, then it will honor subsequent debits to the account.

One time Stop Payment for ACH Payment (Corporate Account)
Terms and conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Peoples Savings Bank, hereinafter called the "Financial Institution," to stop payment on the above transaction. The stop payment order shall remain in effect for six months unless renewed in writing.

Stop Payment for Check
Terms and conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Peoples Savings Bank, hereinafter called the "Financial Institution," to stop payment on the above transaction. The stop payment order shall remain in effect for six months unless renewed in writing.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. **Fee Assessed \$15.00** **WAIVED**

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 costs, including court cost 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 requirements 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.

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. If you wish to stop payment for a longer period, you must sign below.

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.

Signature of Account Holder _____ **Date** _____

This Box is for Financial Institution Use Only

Verbal Stop Payment Request Accepted on _____	By _____	Input Date _____	Input By _____	Stop Pymt Expiration Date _____
Signed Stop Payment Request Accepted on _____	By _____	Input Date _____	Input By _____	Stop Pymt Expiration Date _____
Written Confirmation of Revocation Received on _____	By _____	Input Date _____	Input By _____	Stop Pymt Expiration Date _____
Authorization to Cancel Accepted on _____	By _____	Input Date _____	Input By _____	
Stop Payment Reviewed and Verified on NuPoint By _____		Review Date _____		

Authorization to Revoke existing Stop Payment

I hereby authorize Peoples Savings Bank to Cancel the **Above** agreement

Signature of Account Holder _____ **Date** _____