

# DENISON STATE BANK Member FDIC

## STOP PAYMENT REQUEST ORDER and/or

### STATEMENT OF UNAUTHORIZED OR IMPROPER ENTRY

Today's Date & Time: \_\_\_\_\_ Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Payable To: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_ Account Type:  Consumer  Non-Consumer  
Transaction Type:  ACH Entry or  Paper Check/Draft Check No(s): \_\_\_\_\_ Request Taken By/Location: \_\_\_\_\_  
Expected Posting Date/Date Written: \_\_\_\_\_ Reason for Stop Payment: \_\_\_\_\_

**Terms and Conditions:** *On the terms hereinafter set out, the undersigned account holder hereby instructs Denison State Bank, hereinafter called "the Financial Institution", to stop payment on the transaction(s) detailed in this request. The aforementioned request to stop payment will remain in effect for 14 calendar days from the date of this request. If the verbal request to stop is not confirmed with a written signature below, the order automatically expires on the fourteenth calendar day. A fee of \$25.00 will be assessed to the account listed above as payment for implementing this request regardless of whether a written signature is received.*

**ACH Stop Payment/One-Time Request (Consumer Account)**

ACH Company ID: \_\_\_\_\_

The stop payment order shall remain in effect until the earlier of:

- (1) Written notice being received from the account holder to revoke the stop payment order; or
- (2) The return of the debit entry.

**Recurring ACH Payment (Consumer Account Only) (Recurring PPD, TEL, WEB, or IAT ONLY)**

ACH Company ID: \_\_\_\_\_

The account holder authorized \_\_\_\_\_ (company name), hereinafter called "the Company", to originate one or more ACH entries to debit funds from the above account, but;

- (A) On \_\_\_\_\_ (date), the account holder revoked that authorization by notifying the Company in the manner specified in the authorization; or
- (B) The account holder will be notifying the Company on \_\_\_\_\_ (date) in the manner specified in the authorization.

The account holder did not authorize, and have never authorized, in writing \_\_\_\_\_ (company name) to originate one or more ACH debit entries the account listed above.

This stop payment order shall remain in effect until the earlier of:

- (1) Written notice being received from the account holder to revoke the stop payment order; or
- (2) The return of all debit entries; or
- (3) One year from the date of this request without further notice to the account holder unless the request is renewed in writing.

*In accordance with NACHA Operating Rules, the account holder agrees to provide, if requested by the ODFI, written confirmation of the revocation with the Company to the Financial Institution within 14 calendar days from the date of this request. If the Financial Institution does not receive the required written confirmation, the stop payment order will cease to be binding and subsequent debits to the above account will be honored.*

**ACH Payment (Non-Consumer or Corporate Account)**

ACH Company ID: \_\_\_\_\_

The stop payment order shall remain in effect until the earlier of:

- (1) Written notice being received from the account holder to revoke the stop payment order; or
- (2) The return of the debit entry; or
- (3) Six months from the date of this request without further notice to the account holder unless the request is renewed in writing.

**Paper Check (Personal, Business, or Remotely Created Check/Draft)**

*Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Denison State Bank to stop payment on the above transaction(s). This signed, completed stop payment order shall remain in effect for a period of no more than six months from the date this request was received without further notice to the account holder unless the request is renewed in writing.*

**For Lost Item Only:**

A replacement check will be issued: Replacement Check# \_\_\_\_\_ Date \_\_\_\_\_ . If not, provide reason: \_\_\_\_\_

*By directing Denison State Bank 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 costs and attorney's fees that the Financial Institution may suffer or incur by reasons 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 by the Financial Institution 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.*

*I further state that 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 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 Signed: \_\_\_\_\_ Location: \_\_\_\_\_ Account Holder Signature: \_\_\_\_\_

**PROCESSING STOP PAYMENT ORDER:**

Verbal Stop Payment Request Received on: \_\_\_\_\_ Processed By: \_\_\_\_\_ Verbal Request Expires: \_\_\_\_\_  
Signed Stop Payment Request Received on: \_\_\_\_\_ Completed Stop Payment Order Expires: \_\_\_\_\_

**RELEASE OR REMOVAL OF STOP PAYMENT ORDER:**

Signing below (Account Holder) releases the bank from its obligation to stop payment on the above transaction(s).

Date of Release: \_\_\_\_\_ Account Holder Signature: \_\_\_\_\_  
Branch: \_\_\_\_\_ Witnessed By: \_\_\_\_\_  
Stop Payment Order Removed on: \_\_\_\_\_ Processed By: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_