

Stop Payment Request Order

Account Name	
Account Number	Check Number(s)
Check /Transaction Amount	Check Date / ACH Authorized Date
Payee / ACH Originator ID	
Reason for Stop Payment	
Fee Assessed	Expiration Date Check the Appropriate Box Below

Today's Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Duplicate Issued? <input type="checkbox"/> yes <input type="checkbox"/> no	Method of Request <input type="checkbox"/> written <input type="checkbox"/> oral
Acct Type (Consumer / Corporate)	Contact Phone Number

NOTE: ORAL STOP PAYMENTS ARE ONLY BINDING FOR A PERIOD OF 14 DAYS.
This information is our record of your Stop Payment Order and represents our understanding of the order. If you wish to extend your Stop Payment Order beyond the initial 14 days, you must sign and deliver this written Stop Payment Order to the bank.
A written Stop Payment Order when signed by any account holder is only effective for the period as outlined below from the date the account holder signs it. This Order may be renewed by signing a new Stop Payment Order on or before the expiration date or the original Stop Payment Order.
The same account holder who initially requested the Stop Payment order must sign cancellation of a Stop Payment Order.

Stop Payment for Single ACH Payment (Consumer Account)
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs FIRST BETHANY BANK & TRUST, 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 the entry has been stopped,
whichever occurs first.

Stop Payment for Recurring ACH Entries: Verify Standard Entry Class Code. _____ PPD _____ WEB _____ IAT (consumer)
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs FIRST BETHANY BANK & TRUST, hereinafter called "the Financial Institution", to stop payment on the above transaction.
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 the authorization by notifying _____ (company name) in the manner specified in the authorization; or
2) will revoke by 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.

Stop Payment for One ACH Payment (Corporate Account)
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs FIRST BETHANY BANK & TRUST, hereinafter called "the Financial Institution", to stop payment on the above transaction. **The stop payment order shall remain in effect for six months.**

Stop Payment for Check
Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs FIRST BETHANY BANK & TRUST, hereinafter called "the Financial Institution", to stop payment on the above transaction. **The stop payment order shall remain in effect for six months.**

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 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 final 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 account holder fails to furnish the complete, accurate and correct information as required above.

I am the 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 persona 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	Print Name
Date	Financial Institution Signature	Print Name

For Financial Institution Use Only		
Stop Payment Request Order Accepted on _____	By _____	
Stop Payment Request Order Revoked on _____	By _____	
Payment Stopped on _____	By _____	