

CHECK OR ACH DEBIT STOP-PAYMENT REQUEST

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

Please stop payment of the *single* check or Automated Clearing House (ACH) Debit identified below. I (the undersigned) understand that this Stop-Payment Order will not apply to any other checks or ACH debits for the benefit of the Payee/Originator.

Please stop all future ACH debits pursuant to the authorization identified below, including but not limited to recurring preauthorized payments. By signing below, I confirm that I have revoked the debit entry authorization for the below Payee (Originator). I agree that I have contacted the Originating Company to revoke the authorization and agree to provide a copy of the revocation of authorization to the Financial institution upon request. Non-consumer account Stop-Payment Orders expire at the end of 6 months unless renewed in writing.

Single Check

CHECK Number _____

ITEM Amount: _____

Dated: _____

Duplicate Issued: [] YES [] NO

Automated Clearing House (ACH) Debit

(Excluding DEBIT CARD Initiated Transactions)

ACH Debit: _____

Date of Authorization: _____

Recurring preauthorized payments: YES [] NO []

CHECK or ACH Payee/Originator: _____

REASON FOR STOP PAYMENT: _____

To be effective a Stop-Payment Order must be received in time and the payment must be identified sufficiently to allow FLNB a reasonable opportunity to act on it, and for some ACH debits must be received at least three banking days before the schedule date of transfer. The Stop-Payment Order must be received before our stop-payment cut-off time, and must precisely identify the number, date, amount of the item, and the payee. IF THE PAYMENT IS BY CHECK an oral Stop Payment Order is not effective, and a Stop Payment Order is effective only if it is in writing. IF THE PAYMENT IS BY ACH DEBIT AND FLNB GIVES NOTICE AT THE TIME AN ORAL STOP PAYMENT ORDER IS RECEIVED, THAT WRITTEN CONFIRMATION IS REQUIRED AND PROVIDES AN ADDRESS WHERE THE WRITTEN CONFIRMATION CAN BE SENT, an oral Stop Payment Order is effective for 14 calendar days only, unless confirmed in writing within the 14-day period. With respect to ACH debits, FLNB and the undersigned agree to abide by the ACH rules and regulations regarding Stop-Payment Orders.

The undersigned agrees to hold First Liberty National Bank harmless for said amount and to indemnify said Bank against loss, expenses and cost incurred by reason of said Bank's refusal to pay the above described check. The undersigned further agrees not to hold said Bank responsible should the above described check be paid through inadvertence, accident or oversight, or if by reason of such payment other item(s) drawn by the undersigned are returned insufficient. The undersigned agrees to and understands that before this order is binding upon said Bank, it must be in writing, dated, and described with certainty. This agreement may be entered into or canceled by any authorized signor on the deposit account on which this item may be drawn. The fee for this stop payment order and each renewal of this order will be assessed a **\$30.00 fee**. Properly signed consumer check and non-consumer Stop-Payment Orders are effective for 6 months after date received and will automatically expire after that period unless renewed in writing. Properly signed consumer ACH stop payment orders are effective for the earlier of (1) the withdrawal of the stop payment order by the Receiver, or (2) the return of the debit entry, or, where a stop payment order applies to more than one debit entry relating to a specific authorization involving a specific Originator, the return of all such debit entries.

Authorized Signature: _____ DATE: _____ TIME _____ AM / PM





Request Received: IN PERSON [] PHONE [] Received by: _____ Time: _____ AM / PM Fee \$ _____

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