Stop Payment Order Form - FEE: $25.00

Date: _____   Customer Account#:_____   Amount: $_____

Customer Name: _____   Payable To/Merchant Name: _____

Reason for Stop Payment: _____

Is this for a CHECK(S)? ☐No   ☐Yes – Complete this section

Date of Check: _____   Check # or Range:_____

I hereby request Plaza Bank to stop payment on the check described above.

I agree to hold the Bank harmless from and against any losses, claims or costs (including attorney's fees) incurred by (1) payment contrary to this order if such payment occurs otherwise than by a failure to exercise ordinary care, or (2) refusal to make payment of the stopped item, (3) failing to stop payment of an Item as a result of incorrect information provided by me. The Bank shall not be liable if, as a result of payment of the item subject to this order, other items drawn by me are returned due to insufficient funds. I will notify the Bank promptly of the issuance of a check or item which is a duplicate of the check or item subject to this order, or upon the return of the original check. ***THIS REQUEST WILL AUTOMATICALLY EXPIRE AT THE END OF 14 DAYS, IF ORAL, OR SIX MONTHS IF WRITTEN***, unless the bank receives a written renewal order. The Bank shall not be liable for payment of any item subject to a stop payment order upon the expiration or withdrawal of such order, and the Bank may, in its discretion, refuse to honor any such item pending my instructions. I may withdraw this order only in writing, or in person at the Bank.

Customer is required to inform the Bank that a check was converted to an electronic payment.

Is this for an ACH? ☐No ☐Yes – Complete this section

Anticipated Payment Date: _____   Company ID (if known): _____

Was this transaction originally a check? If so, please provide the check number: _____

☐ **Stop single transaction only.** *The stop payment order will remain in effect until (1) one payment of the debit entry has been stopped. Notify the Company that a stop payment was placed on a single entry and direct them to continue the recurring payments.*

☐ **Stop all future transactions**. *I agree that if I am requesting the stop of all future transactions from this company. Plaza Bank may request the documentation provided to the Company to stop the above transactions.*

Please stop payment on the preauthorized electronic funds transfer shown above. I agree that **Bank** is only required to act on this stop payment order if the debit is for the exact amount shown above and is received in time for **Bank** to have a reasonable opportunity to act. Unless an authorized signature appears below, the request was accepted orally and is not binding beyond 14 days from the date of this form. I understand that if I authorize another payment to this company for any amount, I must advise **Bank** to prevent return of the newly authorized entry. **Bank** is not responsible for posting or return errors caused by insufficient or inaccurate information. ***Not valid for ACH Debits that have already posted to the account, please complete the WSUD Form.***

_____   _____
(Authorized Signature)   (Date)

☐ **Revoke/Release Stop Payment:** ☐ **Renew Stop Payment $25 Fee:** *Authorized Signature* _____

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Date Received: _____   Completed By: _____   Verified By:_____