STOP PAYMENT REQUEST ORDER

Today's D	ate	Time	a.m. p.m.	Account Type:	Consumer
-	Name		P		Corporate
	o				
•	Clearing Date of Item(s)				
Account	Number Check Serial No.(s)	If applicable		(s) written	If applicable
	<i>ad Conditions:</i> On the terms hereinafter set out, the undersign l institution name), hereinafter called "the Financial Institutio				
TI (1	The ACH Payment (Consumer Account) the stop payment order shall remain in effect until the earlier of:) Written notice being received from the account holder to re the return of the debit entry.	voke the stop paymer	nt order; or		
R	ecurring ACH Payment (Consumer Account) (Recurring PPI	D, TEL, WEB or IAT ON			
	The account holder authorized "the Company", to originate one or more ACH entries to d			any name), herein	after called
	(A) On (date), the account holder in the manner specified in the authorization; or	revoked that authoriz	zation by notifyin	g the Company	
	(B) The account holder will be notifying the Company on	(dat	e) in the manner	specified in the aut	horization.
	The stop payment order shall remain in effect until the earl 1) Written notice being received from the account holder to 2) The return of all debit entries.		nent order; or		
TI (1 (2	The ACH Payment (Corporate Account) the stop payment order shall remain in effect until the earlier of:) Written notice being received from the account holder to re the return of the debit entry; or b) Six months from the date of the stop payment order, unless				
С	heck				
	he stop payment order shall remain in effect for six months.				
By directing including co expiration the reasonable to of the above is the result	reflected, will be assessed to the account holder as payment for implementing this order the Financial Institution to stop payment on the above transaction(s), the account hold urt costs and attorney's fees, that the Financial Institution may suffer or incur by reason neerof. The account holder understands that the stop payment request must be received ime to act upon it. The account holder also understands that it is necessary to provide th items(s). The account holder agrees to hold harmless and indemnify the Financial Insti of failure of the account holder to meet the time requirements noted above, or if such pa accurately and correctly.	er agrees to hold the Financial of non-payment of the above t at least three (3) business days the correct information related t tution for all expenses, costs, an	ransaction if presented p before a scheduled debit o the transaction(s) and nd damages incurred by	rior to withdrawal of thes (s) or in time to give the F that failure to do so may r payment of the above item	e instructions or inancial Institution esult in the payment h(s) if such payment
	norized signer, or otherwise have authority to act, on the account identified in this statem ne. I have read this statement in its entirety and attest that the information provided of			h fraudulent intent by me	or any person acting in
Date	Account Holder Signature	Print	Name		
I (acc	count holder) release the Financial Institution from its obligation to stop pay	nent on the above transact	ion(s).		
Date	Account Holder Signature	Print	Name		

For Financial Institution Use Only				
Verbal Stop Payment Request Accepted on	By			
Signed Stop Payment Request Accepted on	By			
Written Confirmation of Revocation Received on	By			

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