

For a stop payment on a single check:

- Complete the **Check Number** box.
- Complete the **Amount** box.
- Complete the **Payee** box with the name on your check.
- The stop payment order will remain in effect for six months.

To stop payment on an ACH single or recurring entry, please complete the online order **AND** contact a Solutions Bank branch to complete the necessary additional form. Failure to complete the proper form will result in expiration of the online order after 14 calendar days, as the online order for an ACH Stop is treated as a verbal order.

### **Stop Payment Disclosure:**

If UNPAID, you are hereby requesting the Financial Institution to stop payment of this item(s). The undersigned agrees to hold the Financial Institution harmless for all expenses and costs incurred by the institution on account of refusing payment thereof.

The account holder agrees that the Financial Institution is not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner as specified under the Account Disclosure, Rules, and Regulations.

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I have read and accept the terms and conditions above. I further depose and say that the transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me and that the signature below is my own proper signature. I certify that the foregoing is true and correct.

I understand that my account will be charged \$30.

For an improper ACH debit or POS debit, please visit a Solutions Bank branch to complete the necessary form.