



ACH STOP PAYMENT FORM [R08]
(Used to stop only the next ACH transaction)

DATE OF REQUEST

MO DAY YEAR

Expiration: _____

COMPLETED: _____

FEE: _____

ACCOUNT NUMBER

CUSTOMER NAME

AMOUNT: \$ _____

CHECK NUMBER: _____

DATE OF ITEM: _____

EXPLANATION OF RETURN REASON

Originating Company Name _____

Date of Next scheduled Payment _____

Instructions Received By _____

Date _____

Time _____

This form acknowledges customer's request to stop payment on the preauthorized electronic funds transfer shown above. Unless the customer's signature appears below, the request was orally made and shall not be binding on the bank beyond 14 days from the date of this form unless confirmed in writing by the customer within the 14-day period.

Customer Signature _____