



FIRSTLIBERTY
BANK

ACH Debit Stop-Payment Request Form

Please stop payment of the Automated Clearing House (ACH) debit specified below. **Note: This order is effective for a one-time stop payment only, and is stopping one transaction only. This will NOT stop future recurring debits.** For recurring preauthorized withdrawals, I (the undersigned) understand that any subsequent payments to the payee identified below will continue to be honored until I take the actions necessary to revoke the authorization originally given by me to allow multiple debits to my account.

Customer or Company Name: _____

Account number: _____ Account Type: _____

Payee / Originator: _____ Scheduled future transfer date: ____/____/____

List date and time (ACH) stop-payment request was received:

Date: ____/____/____

Amount: _____ Time: ____:____ a.m. p.m.

Request received: Verbal Written in Person

Reason for (ACH) Stop payment _____

ACH Debit Stop-Payment Terms & Conditions

To be effective a stop-payment order must be received in time to allow First Liberty Bank a reasonable opportunity to act on it, and some ACH debits must be received at least three banking days before the scheduled date of transfer. To be effective a stop-payment order also must identify the payment sufficiently to allow First Liberty Bank reasonable opportunity to act on it. If the payment is by check or if the payment is by ACH debit and First Liberty Bank gives notice at the time an oral stop-payment order is received, written confirmation is required and must provide 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. Properly signed stop-payment orders are effective for 6 months after date received and will automatically expire after that period unless renewed in writing. With respect to ACH debits, First Liberty Bank and the undersigned agree to abide by the ACH rules and regulations regarding stop-payment orders.

A charge, as reflected below, will be assessed to the account holder as payment for implementing this stop-payment request.

Fee Assessed: \$ _____

Signature of Account Holder

Print Name

Release of ACH Debit Stop-Payment Order

The above stop payment order is released as of the date and time listed. Release should bear same authorized signature as listed on the original stop-payment request.

Date: ____/____/____ Time: ____:____ a.m. p.m.

Signature of Account Holder

Print Name

For office use only

Completed by:

Employee Initials: _____

Date: _____