

STOP PAYMENT REQUEST ORDER

Today's Date _____
 Account Name _____
 Expected Clearing Date for ACH _____
 Payable To _____

Time _____ **AM**
 Account Number _____
 Date Check(s) Written _____
 Transaction Amount _____

Contact me at: _____
 Account Type _____
 Check(s) Serial No. _____
(Required for POP, ARC, BOC and RCK Debits)
 Reason for Stop Payment _____

Stop One ACH Payment (Consumer) – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs The Cooperative Bank, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until payment of the entry has been stopped, whichever occurs first.

Stop Payment for Recurring ACH Entries: PPD WEB IAT (consumer) – Check SEC Code – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs The Cooperative Bank, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). The stop payment order shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; or 2) until payment of all entries related to this request have been stopped, whichever occurs first.

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, 1) but on _____ (date), revoked that authorization by notifying _____ (company name) in the manner specified in the authorization; or 2) will be notifying _____ (company name) on _____ (date) in the manner specified in the authorization

The account holder agrees to provide the Financial Institution with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If the Financial Institution does not receive the required written confirmation, then it will honor subsequent debits to the account.

Stop One ACH Payment (Corporate – CCD, CTX, Non-Consumer IAT) – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs The Cooperative Bank, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect for six months unless renewed in writing.

Stop Payment for Check – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs The Cooperative Bank, hereinafter called "the Financial Institution", to stop payment on the above transaction. The stop payment order shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. **Fee Assessed \$25.00**

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Financial Institution reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above items(s). The account holder agrees to hold harmless and indemnify the Financial Institution for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

Oral Stop Payment orders are effective for 14 calendar days only. If you wish to stop payment for a longer period, a written Stop Payment Order is required.

Print Name

Account Holder Signature

Date

Stop Payment Release

Date _____ The above request is hereby withdrawn by: _____

By signing below Branch Representative certifies that all customers on this form meet TCB CIP requirements.

Branch Representative _____
Print

Signature

Date

Branch: _____

Manager/Officer Approval (if applicable):

Signature

Date

Reviewed by: _____
Signature

Date