

Stop Payment Order

For Office Use Only:

A signed form is required by fax or mail to Farm Bureau Bank.

Farm Bureau Bank P.O. Box 33427 San Antonio, TX 78265-3427

| 1 , | | Fax: 866-913-5087 |
|---|--|---|
| | PAYMENT I | INFORMATION |
| Date | | Phone Number |
| Account Number | | Name on Account |
| CHECKS | | ACH ONLY |
| Specific Amount | Check No. | ACH Type: Recurring Single |
| (Not required for range of checks) | From: To: | Specific Amount (Dollar amount must be exact) |
| Payable To: | 1 | |
| Reason: | | |
| | ACH STOP PAYMENT T | FERMS AND CONDITIONS |
| On the terms hereinafter set out, t ACH/CHECK debit: | | instructs FARM BUREAU BANK not to pay the above described |
| Bureau Bank will not be respo Stop payment requests submit this signed stop payment order Farm Bureau Bank is not obligated. A release of the stop payment in writing. If you stop payment on an item damages or expenses, including 7. You assign to us all rights again against such persons. You should be aware that anyony. Additional limitations on our control of the ACH ONLY For consumer accounts, a stop 2) the return of the ACH debit 2. For business accounts, an ACH | nsible for failure to stop payment. ted to Farm Bureau Bank verbally r. ated to inform you when a stop payment request may be made only by the n and we incur any damages or experience and we incur any damages or experience and the incur any holder of the incur and the payee or any holder of the incur and the payee or any holder of the pobligation to stop payment are provour account for each stop payment of payment for a recurring ACH will to the incur and the payment for a recurring ACH will to the incur and the payment for a recurring ACH will to the incur and the payment for a recurring ACH will to the incur and the payment for a recurring ACH will to the incur and the payment for a recurring ACH will to the incur and the payment for a recurring ACH will to the incur and the payment for a recurring ACH will to the incur and the payment for a recurring ACH will the payment for a single ACH transaction, the payment for a single ACH transaction and the payment for a single ACH transaction, the payment for a single ACH transaction and the payment for a single ACH transaction. | person who initiated the stop payment order and it must be received penses because of the stop payment, you agree to indemnify us for those item and agree to cooperate with us in any legal actions we may take ed to enforce payment against you despite the stop payment order. vided by law. In order. I remain in effect until 1) the withdrawal of the stop payment by you, or the stop payment will expire once the item has been stopped. In 6 months, unless written notice is received to renew. |
| Account Holder Signature | | Date |
| | | |
| | CANCELLATION | I OF STOP PAYMENT |
| | · decide to reinstate the ACH, plea | ise instruct us to cancel this order. To cancel this Stop Payment is Stop Payment order is hereby released, withdrawn and cancelled. |
| Account Holder Signature (Request | and revocation must be the same authoris | zed signature) Date |

Date Received: ______ Verified By: _____