

Office: Magic Mountain		Date Received:		Time Received:	
Name of Client:			Address:		
Account No.	Check No. / Compid	Amount \$	Date of Item	Verbal Order <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payee	Exp. Date of Order	Fee	\$30	Reason for Stop Payment	
Customer Signature:					

CHECK ITEMS

GENERAL TERMS AND CONDITIONS:
 I understand that in order for the Bank to stop payment of the check, the information must be accurate, including, but not limited to, the correct check number and exact dollar amount. I understand that the Bank must be given a reasonable opportunity to act on this order, and that this order is valid only if the check has not been accepted, settled or paid. I understand that despite proper completion and delivery of this order, I may nevertheless be liable to the payee(s) or subsequent holder(s) in due course with regard to the check. If the Bank pays a check, which has a valid stop payment on it, I understand the Bank may be responsible up to the face amount of the check only if I establish that I suffered a loss because of the payment. I agree to hold the Bank harmless for the amount of the check and for any expenses incurred by the Bank for refusing payment of the check in accordance with this order. I agree to defend or indemnify and hold harmless Bank from any expense, loss or damage incurred as a result of carrying out this order, including any claim by any person, organization or corporation arising from any transfer or pledge of, or the assertion of any interest in the herein described check.
Note: A verbal stop payment or post dating order is valid for 14 calendar days only, if written confirmation is not received within that time.

CHANGES IN TERMS AND CONDITIONS:
 These terms and conditions are subject to change any time without notice. Advance notice of changes will usually be provided, but the Bank need not provide such notice unless required by law or regulation or unless specified in writing at the time the account is opened.

CHECK ITEM STOP PAYMENT ORDERS:
 I understand that the stop payment order is in effect for 6 months or 180 days and must be renewed in writing upon expiration to remain in effect. If it is not renewed and the item is presented for payment, I understand it may be paid and charged to my account. The Bank may return the item unpaid because the date is six months old, but is not obligated to do so.

Please complete the following if the stop payment is being placed due to unauthorized ACH activity:

I am an authorized signer, or otherwise have authority to act on the account identified on this form. I attest that the ACH debit was not originated with fraudulent intent by me or any person in concert with me. I attest that the information I have provided on this form is true and correct, and that authorization for the item described above has been revoked.

ACH ITEM STOP PAYMENT ORDERS:
 A stop payment order will remain in effect until the earlier of (1) the withdrawal of the stop payment order by the Receiver, or (2) the return of the debit entry, or, where a stop payment order on an ACH item that applies to more than one debit entry, the order remains in effect until all such entries have been stopped. I understand that placing a stop payment order on an ACH item or draft will not cancel my authorization with the originator of the ACH item. I understand that I must send a letter to the originator to cancel the automatic payments. **As required by Federal regulations, the stop payment order must be received three (3) days prior to bank's receipt of the ACH Item for payment.**

FOR BANK USE ONLY (please initial where applicable)

Approved by:	Paid Checks Reviewed:	<input type="checkbox"/> Fee Collected	<input type="checkbox"/> Fee Analyzed	<input type="checkbox"/> Fee Waived
Process without Precautionary Action:		Data Processing Input Submitted:		
Order Audited to Computer Printout:		Item Stop Number:		
Circulate to Tellers for Precautionary Measures If Applicable (tellers initial below)				
Date Order Released: Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. By:		Customer Signature for Release:		
Delete Order Audited to Computer Printout:		Approved By:		