ACH STOP PAYMENT REQUEST

Branch Name _____   Branch Number _____

Request received   ☐ In Person   ☐ By Phone   ☐ Other: _____

To be effective, an ACH Stop Payment order must be received in time to allow OneWest Bank, a division of CIT Bank, N.A. ("OneWest Bank") a reasonable opportunity to act on it, and for some, ACH debits must be received at least three (3) banking days before the scheduled date of transfer. To be effective, an ACH Stop Payment order must also identify the transfer sufficiently to allow the OneWest Bank a reasonable opportunity to act on it.

Account / Transaction Information

Customer Name: _____

Account Number: _____   Check Number: _____ (If applicable)

Amount: _____ or ☐ any amount

Payee / Originator: _____

Company ID: _____   Individual ID: _____

Standard Entry Class: _____

Indicate the specific reason for stopping payment on the originating company named above by checking the appropriate box:

☐ Stop all payments for amount indicated above (type 3)

☐ Stop all future payments from this originator indefinitely (type 7)

Place a stop payment on the Automated Clearing House (ACH) transaction(s) specified above. OneWest Bank and the undersigned agree to abide by the ACH rules and regulations regarding ACH stop payment orders.

_____   _____
Customer Signature   Date

Revocation

This ACH Stop Payment Request is hereby revoked:

_____   _____
Customer Signature   Date

Bank Use Only		
Stop Payment entered by: _____	Date:	_____
Reviewed by: _____	Date:	_____
Approved by: _____	Date:	_____