

## FCB STOP PAYMENT REQUEST

Your account will be assessed a \$20.00 nonrefundable fee for each item listed at the time the stop payment is placed.

	* Indi	icates Required Fields		
Account Information		Payr	ment Information	
* FCB Account Number:		* Ch	eck Number(s):	
* Name on Account:		* Da	te on Check or ACH:	
* Physical Address:		* Ch	eck / ACH Payable To:	
		* Am	nount: \$(ACH must have exact amo	aunt)
* City, State, ZIP:				
* Primary Phone:	Home		as a duplicate check issued? 🔲 Y If yes, please include the check nu	
* Secondary Phone:				
E-mail Address:				
Signature of Account Holder			Date	
Please print, <mark>sign,</mark>	and fax this forn	n to 1–888–763–7605	(toll-free) or 1-817-763-055	7.
An affiliate of First Command Financial Planning, Inc. First Command Financial Services, Inc.		1 FirstComm Plaza Fort Worth, TX 76109-4999 1-817-763-0000 E-mail: info@first	First Commando Bank	

Putting you first – Wherever you are. Whatever it takes.