



Banking

Auto Club Trust, FSB
Member FDIC

PO Box 2379 · Omaha, NE 68103-2379
855.999.BANK · 402.938.3909

STOP PAYMENT REQUEST ORDER

Today's Date _____ Time _____ a.m./p.m. Contact me at _____

Customer Name _____ Account No. _____

Expected Clearing Date for ACH _____ Payable to _____

Transaction Amount \$ _____ Check(s) No. _____ Date Check(s) Written _____

Reason for Stop Payment _____

Please select only one option:

Stop Payment for Check – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs Auto Club Trust, FSB, hereinafter called "the Financial Institution", to stop payment on the transaction listed below. The stop payment shall remain in effect for six months and will automatically expire after that period unless renewed in writing.

Transaction Amount \$ _____

Check(s) No. _____

Date Check(s) Written _____

Payable to _____

Reason for Stop Payment _____

Stop ACH Payment (Consumer) – Terms and Conditions

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

Transaction Amount \$ _____

Expected Clearing Date for ACH _____

Payable to _____

Reason for Stop Payment _____



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STOP PAYMENT REQUEST ORDER

Stop Payment for Recurring ACH Entries (Consumer has revoked authorization) – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs Auto Club Trust, FSB, hereinafter called “the Financial Institution”, to stop payment on the transaction listed below. The stop payment shall remain in effect for 1) until written notice is received from the account holder to revoke the stop payment order; 2) until payment of the entry has been stopped, whichever occurs first.

I authorized _____ (company name) to originate one or more ACH entries to debit funds from my account, but on _____ (date) I revoked this authorization by notifying them in the manner specified in the authorization.

Transaction Amount \$ _____

Expected Clearing Date for ACH _____

Payable to _____

I am requesting that you stop payment on the item(s) described and checked above. I understand that the oral Stop Payment request will expire in fourteen (14) days unless I sign and return this form. By directing Auto Club Trust, FSB to stop payment of this item, I agree to hold Auto Club Trust, FSB harmless against any and all loss, claims, damages, and costs, including court costs and attorney fees that are incurred as a result of Auto Club Trust, FSB having acted on this Stop Payment Request. I understand that because of the large volume of items we process, we do not visually inspect each item. We use a computer system that allows us different methods of searching an item. Therefore, the item description you give us must be EXACT or our computer system will not be able to identify the item, and this stop payment order will not be effective. Further, I understand that this Stop Payment Request must be received in time to give Auto Club Trust, FSB reasonable time to act on it. If I am requesting that you stop payment on an ACH debit, I understand this request must be received no less than three(3) business days prior to the expected ACH Clearing Date. With respect to ACH debits, the institution and the undersigned agree to abide by the ACH rules and regulations regarding Stop-Payment orders.

If this box is checked, I have asked you to Stop Payment on the Amount rather than the Check Number or ACH Company ID. I understand that you advise against this request and that this will result in the return of any item presented against this account for this dollar amount during the time this Stop Payment Request is In effect.

A \$33 fee, as disclosed in your Account Requirements and Fees Schedule, will be assessed to my Auto Club Trust, FSB account for processing this Stop Payment Request.

Customer Signature: _____ **Date:** _____

RELEASE OF STOP PAYMENT ORDER:

The above stop payment order is released as of the date signed below.

Customer Signature: _____ Date: _____