



Working together to create a stronger financial  
future for all healthcare professionals.

## **ACH Stop Payment Request**

Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Originating Company Name: \_\_\_\_\_

Transaction Amount: ☐ \$\_\_\_\_\_ or ☐ Any Amount

For pre-authorized transactions, a stop payment request requires at least three business days' advance notice before the scheduled transfer date. If the stop payment request is made within three business days of the expected transfer date, we will make every effort to fulfill the account holder's request but cannot be held liable if insufficient notice was given for a pre-authorized transfer within this period. The account holder also acknowledges the need to provide accurate and sufficient information about the transaction(s) to enable proper identification of the account and the related transaction(s). \_\_\_\_\_

**(Initials of Account Holder to acknowledge the statement above.)**

For all non-recurring, single transaction ACH payments, the stop payment request must be provided in a timeframe that allows reasonable opportunity for us to honor the request to finalize the ACH entry.

**Please indicate your specific choice for stopping payment from the originating company names above by checking the appropriate box:**

- ☐ I wish to stop all future payments from this originator indefinitely.
- ☐ I wish to stop the next payment only. *(Future entries from this originator are to be paid, unless I provide you with an additional stop payment request.)* Resume Payment on: \_\_\_\_\_
- ☐ I wish to stop a series of payments. Resume Payments on: \_\_\_\_\_

**A \$20.00 fee will be charged to the account holder for processing this Stop Payment Request.**

This form confirms the account holder's request to stop payment on the pre-authorized electronic funds transfer specified above. The account holder further affirms that the debit transaction(s) listed were not initiated with fraudulent intent by them or any other party acting on their behalf, and that the signature provided, whether in-person or electronic, is their valid and authorized signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_