

Today's Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Account Number	Account Type <input type="checkbox"/> Consumer <input type="checkbox"/> Corporate
Account Name	Daytime Phone
Payable To	Transaction Amount
Check Serial No.(s)	Date Check(s) Written
Expected Clearing Date of Item(s)	Reason for Stop Payment (optional)

**Stop Payment for Single ACH Payment (Consumer Account)**

*Terms and Conditions:* On the terms hereinafter set out, the undersigned account holder hereby instructs **Silver Lake Bank**, to stop payment on the above transaction. The stop payment order shall remain in effect (1) until written notice is received from the account holder to revoke the stop payment order; or (2) until payment of the entry has been stopped, whichever occurs first.

**Stop Payment for Recurring ACH Entries (Consumer Account)**

**Select Standard Entry Class Code:**  PPD  WEB  IAT

*Terms and Conditions:* On the terms hereinafter set out, the undersigned account holder hereby instructs **Silver Lake Bank**, to stop payment on the above transaction(s).

The account holder authorized \_\_\_\_\_ hereinafter called "Company" to originate one or more ACH entries to debit funds from the above account, (1) but on \_\_\_\_\_ (date), revoked that authorization by notifying Company in the manner specified in the authorization; or (2) will be notifying Company on \_\_\_\_\_ (date) in the manner specified in the authorization.

**The account holder agrees to provide Silver Lake Bank with written confirmation of the revocation date with Company by returning this signed stop payment request within 14 calendar days from today's date. If Silver Lake Bank does not receive the required written confirmation then Silver Lake Bank may honor subsequent debits to the account.**

**Stop Payment for One ACH Payment (Corporate Account)**

*Terms and Conditions:* On the terms hereinafter set out, the undersigned account holder hereby instructs **Silver Lake Bank**, to stop payment on the above transaction. The stop payment order shall remain in effect for six months.

**Stop Payment for Check**

*Terms and Conditions:* On the terms hereinafter set out, the undersigned account holder hereby instructs **Silver Lake Bank**, to stop payment on the above transaction(s). The stop payment order shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$ \_\_\_\_\_

By directing Silver Lake Bank to stop payment on the above transaction(s), the account holder agrees to hold Silver Lake Bank harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that Silver Lake Bank may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give Silver Lake Bank reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify Silver Lake Bank for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

### Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Customer Signature	Print Name	Date
Silver Lake Bank Representative Signature	Print Name	Date

**For Financial Institution Use Only**

Verbal Stop Payment Request Accepted on \_\_\_\_\_ By \_\_\_\_\_  
 Signed Stop Payment Request Accepted on \_\_\_\_\_ By \_\_\_\_\_  
 Written Confirmation of Revocation Received on \_\_\_\_\_ By \_\_\_\_\_