

Stop Payment

This form is used to place a stop payment on an ACH item or check. The reason for placing a stop payment must be valid. Stop payments cannot be made on debit card transactions.

ACCOUNT HOLDER INFORI	MATION		
Account Name:		Account Number:	
Best Contact Number:	Email Address:		
Address:			
ITEM INFORMATION			
☐ Check ☐ ACH Reissue	? No If yes, Check	k Number and Date:	
Check Number:	Date:	Amount:	
Payable To:			
Reason for Stop:			
payment contrary to this order make payment of the stopped items drawn by me are returned is a duplicate of the check or ite payment of any item subject to its discretion, refuse to honor at the bank. THIS REQUEST WILL AUTOM EXPIRE: WITH THE RETURN	r if such payment occurs other item. The Bank shall not be lia d due to insufficient funds. I we mem subject to this order, or up to the stop payment order upo any such item pending my insufficient funds. I we may such item pending my insufficient funds. I we will be such that the light of the Debit entry, while urn of all such Debit entry.	erwise than by a failure or eable if as a result of payment will notify the Bank promptly pon the return of the original in the expiration or withdraw thructions. I may withdraw the END OF SIX MONTHS. FOR A RETURNED STOP PAINTRIES, OR WITH THE WI	uding attorney's fees) incurred by (1) xercise ordinary care, or (2) refusal to of the item subject to this order, other of the issuance of a check or item that check. The Bank shall not be liable for all of such order, and the Bank may, in its order only in writing or in person at R CONSUMERS, A REQUEST WILL YMENT APPLIES TO MORE THAN THDRAWAL OF A REQUEST. A DP PAYMENT.
Authorized Signature:			
Print Name:	-	Date	:
PLEASE EMAIL F	ORM TO DEPOSIT OPERAT	TIONS AT CUSTOMER.SER	VICE@HORIZON.BANK
STOP PAYMENT RELEASE (D	o not complete unless you dec	cide you want the stop payme	ent above to be released)
Authorized Signature:			Date:
For Bank Use Only:			
Date Received:	Time: Via:		Fee: Yes □ No □
Posted on NuPoint:	Date: By:		