

STOP PAYMENT REQUEST ORDER

Section I

Today's Date: _____ Date & Time of Request: _____
Account Number: _____ Account Name: _____
Date Check(s) Written: _____ Customer Phone Number: _____
Payable To: _____ ACH Company ID: _____
Check(s) Serial Number: _____ Expected Clearing Date (ACH): _____
Replacement Check(s) Serial Number: _____ Transaction Amount: _____
(Required for POP, ARC, BOC & RCK Debits) Reason for Stop Payment: _____

Section II

Consumer Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Flagship Bank Minnesota, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). The stop payment order shall remain in effect until the earlier of 1) the withdrawal of the stop payment order by the account holder; or 2) the return of the debit entry. Where this stop payment order applies to more than one debit entry relating to a specific authorization involving a specific Originator, this order shall be effective for the return of all such debit entries as identified above. I further understand that if notified to do so by Financial Institution, I must confirm this stop payment order request in writing within fourteen (14) days, or it will cease to be binding after such time.

I hereby request the following type of stop payment on my consumer account:

Single ACH Entry Stop Payment

Recurring ACH Stop Payment (complete following section)

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, 1) but on _____ (date), rescinded that authorization by notifying _____ (company name) in the manner specified in the authorization; or 2) will be notifying _____ (company name) on _____ (date) in the manner specified in the authorization.

Section III

Non-Consumer (Corporate) Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Flagship Bank Minnesota, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). A verbal stop pay order for corporate payment(s) is only good for 14 days. When confirmed in writing, the stop payment order shall remain in effect until the earliest of 1) the withdrawal of the stop payment order by the account holder; 2) until return of the debit entry; or 3) six months from the date of this corporate stop payment order request.

I hereby request the following type of stop payment on my corporate (Non-Consumer) account:

Single ACH Entry Stop Payment

Recurring ACH Stop Payment (effective for six months only)

Section IV

Check Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Flagship Bank Minnesota, hereinafter called "the Financial Institution", to stop payment on the above transaction(s). The stop payment request order shall remain in effect for (6) months.

I hereby request a stop payment of a check/draft on my account.
I hereby request a stop payment of multiple checks/drafts on my account.

Section V

Agreement

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed: \$25.00

By directing the Financial Institution to stop payment on the above transaction(s), the account holder agrees to hold the Financial Institution harmless against any and all loss, claims, damages, and cost, including court costs and attorney's fees, that the Financial Institution may suffer or incur by reason of non-payment of the above listed transaction(s) 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 (3) business days before a scheduled debit(s) or in time to give the Financial Institution 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 the Financial Institution for all expenses, costs, and damages incurred by the payment of the above listed 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.

I further state that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Account Holders Signature: _____ Account Holders Name: _____ Date: _____

Section VI

Revocation

I hereby declare that I wish to revoke this stop payment request order effective on _____.

Account Holders Signature: _____ Account Holders Name: _____ Date: _____

For Financial Institution Use Only

Verbal Stop Payment Request Form Accepted on: _____ Time: _____ By: _____ Waive Fee:

Signed Stop Payment Request Form Accepted on: _____ By: _____

Written Confirmation of Revocation Accepted on: _____ By: _____

Date Request Entered on System: _____ By: _____ Expiration Date: _____ No Expiration (12/31/2072)

Sent to Operations on: _____ Verified By: _____ Date Verified: _____