ACH/ELECTRONIC CHECK STOP PAYMENT

TRANSACTION TYPE

_____ACH or ELECTRONIC Check (check truncated at the point-of-sale or at merchant site)

_____Check

REQUEST RECEIVED   REQUEST ACCEPTED

_____In person   _____Date

_____By phone   _____Time

_____Other   _____By

ACCOUNT NUMBER_____

ACCOUNT NAME   _____

PAYABLE TO   _____

CHECK NO.   _____

REASON FOR STOP PAY_____

AMOUNT OF STOP PAY_____

_____AMOUNT OT THE PENNY

_____AMOUNT TO THE DOLLAR

IMPORTANT ITEM DESCRIPTION: Because of the large volume of items we process, we do not visually inspect each item. We use a computer system. Therefore, every one of the item descriptions indicated by a X must be EXACT or our computer system will not be able to identify the item, making this stop payment order ineffective.

ACCOUNT NAME_____

You and ESCU will abide by the rules and regulations (as established by the Uniform Commercial Code or other law) governing Stop-Payments Orders. To be effective, we must receive the Stop Payment Order in time to give us a reasonable opportunity to act on it, and before our stop-payment cutoff time. If any, Oral Stop payment orders (including by phone) are binding for 14 day period. Properly signed Stop-Payment Orders are effective for 6 months after the date accepted and will automatically expire after that period unless renewed in writing.

_____

Authorized Signature