STOP PAYMENT REQUEST ORDER

BANK OF NORTH DAKOTA
OPERATIONS
SFN 18492 (2-2015)

Customer Requesting Stop Payment		Type of Account ☐ Personal/Consumer Account ☐ Business/Corporate Account	
Account Number	Amount	Reason for Stop Payment	
Item To Be Stopped ☐ Stop Payment for Check ☐ Stop One ACH Payment ☐ Stop Recurring ACH Payments			
Check Number	Date of Item	Payable To	
Account Name		Expected Clearing Date for ACH	Daytime Telephone Number
Address		City	State / ZIP Code

Stop Payment for Check *(applicable to Consumer or Corporate accounts)*

Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs BND to stop payment on the above transaction. A verbal stop payment request is binding for 14 calendar days unless confirmed in writing within this period. By signing and returning the original to BND within 14 days, the account holder authorizes BND to extend the expiration date of the Stop Payment Request for 6 months from the date of the original request.

Consumers: Stop One ACH Payment

Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs Bank of North Dakota (BND) to stop payment on the above transaction. A verbal stop payment request is binding for 14 calendar days unless confirmed in writing within this period. The stop payment order shall remain in effect until the earlier of 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.

Consumers: Stop Payment for Recurring ACH Entries

SEC Code

☐ **PPD** ☐ **WEB** ☐ **TEL** ☐ **IAT**

Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs Bank of North Dakota (BND) to stop payment on the above transaction. A verbal stop payment request is binding for 14 calendar days unless confirmed in writing within this period. The stop payment order shall remain in effect until the earlier of 1) until written notice is received from the account holder to revoke the stop payment order; or 2) 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.

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

Company Name	Date Authorization Revoked	Date Company Will Be Notified

Corporate *(applicable to both Stop One ACH Payments OR Stop Payment for Recurring ACH Entries)*

Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs BND to stop payment on the above transaction. A verbal stop payment request is binding for 14 calendar days unless confirmed in writing within this period. When confirmed in writing, the stop payment order shall remain in effect until the earliest of 1) until written notice is received from the account holder to revoke the stop payment order; 2) until payment of the entry has been stopped; or, 3) six months from the date of this stop payment order request.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order.

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

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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 BND 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). Unless this information is correctly stated, BND assumes no responsibility for stopping payment.

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 Holder Signature	Print Name	Date

I hereby declare that I wish to revoke this stop payment request order effective on the date shown below.

Signature	Effective Date

FOR BANK USE ONLY

Input Date/Date Received	Sequence	Input By	Verbal Expiration Date	Expiration Date	Fee Assessed/Date