



Stop Payment Request Form

Phone: (800) 228-8513 or (901) 344-2500 from the Memphis area
Fax: (901) 332-1022
Mail: 2731 Nonconnah Blvd, Memphis, TN 38132

Member Name _____ Account Number _____ Date _____

Please place a stop payment request on the following item:

Amount: \$ _____ Date Issued: _____ Payee: _____
ACH Payee must be exact spelling

The stop payment should be one of the following:

Permanent Stop Payment (no expiration date), valid until I notify you in writing to remove/expire this request.
****Note: Unless converted, check/paper draft stop payment requests are valid for a maximum of 6 months****
OR

One-Time Stop Payment – I wish for this request to expire on _____(Date)

I expect the item to be presented as one of the following:

CHECK/PAPER DRAFT # _____
OR
ACH PAYMENT or CONVERTED CHECK/DRAFT # _____

****NOTE: ALL Business Account stop payments are valid for a maximum of 6 months.****

If you are unsure as to how / when the item will be presented, please contact the payee to verify the information before submitting this request. **Stop Payment requests must be received before the item is presented and are not guaranteed.** Variances in any portion of the description of the item may inhibit our ability to stop it. Some initial and resubmission check conversions are impossible to stop unless we know the company ID and/or exact spelling of the company name it will be submitted under.

I am aware of and agree to the stop payment fee (\$30.00) that will be assessed to my account and that it is not refundable, even if the stop payment is unsuccessful.

****Note: Funds for the stop payment must be available in the account at the time of the request ****

I have placed a verbal stop payment request and hereby wish to extend it as indicated above. ****Note: Check / Paper Draft stop payment requests are valid for a maximum of 6 months****

Signature _____ Date _____

FOR OFFICE USE ONLY	
Date/Teller #: _____	Received By: _____