

# ACH/EFT Stop Payment Request Form

Authorizes Kinderhook Bank to stop an ACH/EFT payment issued from your account as indicated.

1. Complete section 1 of this form
2. Read the authorization in section 2 and sign where indicated
3. Mail the completed and signed form to **Kinderhook Bank, 1 Hudson Street, Kinderhook, NY 12106, drop it off** at any one of our convenient branch locations or **fax it** to any one of our branches:

**Kinderhook Branch Fax: 758-6963**  
**Greenport Branch Fax: 828-4250**  
**East Greenbush Fax: 477-7631**  
**Latham Branch Fax: 213-8046**

**Chatham Branch Fax: 392-8085**  
**Valatie Branch Fax: 758-2205**  
**Albany Branch Fax: 512-5698**  
**Delmar Branch Fax: 472-0344**

## 1. Stop Payment Information

Name of Account Owner (please print)		Account Number	
ACH/EFT Item:			
Date of ACH/EFT:		Amount of ACH/EFT:	
		\$	
Payable to (Payee):			
Reason for the Stop Payment: Please tell us briefly why this stop payment is necessary:			

## 2. Your Signature

**Item Description:** I hereby order you to stop payment on the automated clearing house/pre-authorized electronic funds transfer ("ACH/EFT") described above. I warrant that the information describing the ACH/EFT, including the scheduled transfer date, its exact amount and payee, is correct. I understand that the EXACT amount of the ACH/EFT is necessary for your computer to stop payment. If I give you the incorrect amount or any other incorrect information, you will not be responsible for failing to stop payment on the ACH/EFT.

**Agreement:** I agree that unless my stop payment order is received by you at least three (3) business days preceding the scheduled date of the pre-authorized ACH/EFT, you will not be responsible for stopping payment. I agree that I may not stop payment on any VISA® Check Card point-of-sale ACH/EFT transactions; any cashier's check, certified check, money order or any other official institution check I have purchased from you; or any check which you have guaranteed. I understand that my stop payment request is conditional and subject to your verification that the ACH/EFT has not already been paid or that some other action to pay the ACH/EFT has not been taken by you.

**Duration: Consumer Accounts -** A stop payment order against an ACH/EFT transfer is effective only against the ACH/EFT transfer that is described above and does not cancel or revoke my authorization for future ACH/EFT transfers by the same originator. A stop payment order will lapse automatically after fourteen (14) calendar days if the order was oral and has not been confirmed by me in writing to you during that period. Once the stop payment order has been confirmed in writing, **it will remain in effect until canceled in writing.** If the stop payment order applies to more than one ACH/EFT entry, the stop payment will remain in effect until all such entries have been stopped. Should I request the Bank to block all future payments, I am required to confirm in writing that I have revoked the authorization to debit my account with the Originator.

**Non-Consumer Accounts -** A stop payment order against an ACH/EFT transfer is effective only against the ACH/EFT transfer that is described above and does not cancel or revoke my authorization for future ACH/EFT transfers by the same originator. A stop payment order will lapse automatically after fourteen (14) calendar days if the order was oral and has not been confirmed by me in writing to you during that period. Once the stop payment order has been confirmed in writing, **it will remain in effect for six (6) months from the date of the stop payment request.** If the stop payment order applies to more than one ACH/EFT entry, the stop payment will remain in effect until all such entries have been stopped. Should I request the Bank to block all future payments, I am required to confirm in writing that I have revoked the authorization to debit my account with the Originator.

**Fees:** I agree to pay a charge of **\$35.00** for this stop payment order. Unless otherwise agreed, you are authorized to charge this fee to the account indicated above.

**Indemnification:** I agree to indemnify, defend and hold your harmless against all costs, including attorney's fees, actions, damages or claims related to or arising from your action in refusing payment of the ACH/EFT including claims of any joint depositor, payee or Endorsee or in failing to stop payment of an ACH/EFT as a result of incorrect information provided by me. I also agree to notify you promptly upon the issuance of any duplicate ACH/EFT which replaced the ACH/EFT subject to this order.

This form must have your signature to be processed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*For Bank Use Only*

Date Received: \_\_\_\_\_ CSR: \_\_\_\_\_

Stop Payment Input by: \_\_\_\_\_ Date: \_\_\_\_\_