



### Stop Payment Order

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

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Request Received:  In Person  By Phone  Email  Other

Item Number: \_\_\_\_\_ Dated: \_\_\_\_\_ Item Payable To: \_\_\_\_\_ Item Amount: \_\_\_\_\_

Reason for Stop: \_\_\_\_\_ Replacement Item Issued?  Yes  No Reissued Check #: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

To be effective, a Stop Payment Order must be received in time to allow the institution a reasonable opportunity to act on it, and for some ACH debits must be received at least three banking days before the scheduled date of transfer. To be effective a Stop Payment Order also must identify the payment sufficiently to allow the institution a reasonable opportunity to act on it. IF THE PAYMENT IS BY CHECK, an oral Stop Payment Order is not effective, and a Stop Payment Order is effective only if it is in writing. IF THE PAYMENT IS BY ACH DEBIT AND THE INSTITUTION GIVES NOTICE AT THE TIME AN ORAL STOP PAYMENT ORDER IS RECEIVED THAT WRITTEN CONFIRMATION IS REQUIRED AND PROVIDES AN ADDRESS WHERE THE WRITTEN CONFIRMATION CAN BE SENT, an oral Stop Payment Order is effective for 14 calendar days only, unless confirmed in writing within the 14 day period. With respect to ACH debits, the institution and the undersigned agree to abide by the ACH rules and regulations regarding Stop Payment Orders.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Sabal Palm Bank**  
C/O Association Department  
P.O. Box 3769  
Sarasota, FL 34230-3769  
[LockboxSupport@SPBank.com](mailto:LockboxSupport@SPBank.com)  
PH: 941-806-0434 FAX: 941-306-0914

**For Bank Use Only**

Date Received: \_\_\_\_\_  
Date Completed: \_\_\_\_\_  
Placed By: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_