



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
PH: 941-806-0434 FAX: 941-306-0914

For Bank Use Only

Date Request Received: _____
Date Completed: _____
Completed By: _____
Verified By: _____