



# Florence Savings Bank

85 Main St., Florence MA 01062

## STOP PAYMENT

Account number: \_\_\_\_\_  
 Request received: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Check number: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Stop type: \_\_\_\_\_  
 Payable to: \_\_\_\_\_  
 Request accepted: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Original date: \_\_\_\_\_  
 Duplicate check issued, check number: \_\_\_\_\_

Account names: \_\_\_\_\_  
 \_\_\_\_\_  
 Account mailing address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Account home phone: \_\_\_\_\_  
 Account work phone: \_\_\_\_\_  
 Date: \_\_\_\_\_

### FOR ACH STOPS

Originator of the pre-authorized transfer: \_\_\_\_\_  
 Source ID#: \_\_\_\_\_  
 Date of next withdrawal: \_\_\_\_\_  
 Amount: \_\_\_\_\_

**Additional notes:** \_\_\_\_\_

You are hereby authorized to STOP PAYMENT on the item described herein. I acknowledge that

1. my stop payment order must be received by the bank as such time and in such manner as to afford the bank a reasonable time to act on it,
2. my request must precisely identify the check number, date, payee and the amount of the item.
3. oral stop payment orders (including by phone) are binding for only fourteen calendar days, unless confirmed in writing within that period,
4. this written stop payment order is effective for only six months from this date, and will automatically expire unless it is renewed in writing.

I agree to hold Florence Savings Bank harmless for all expenses and costs it incurs on account of refusing payment on the item described herein, or in the event payment on the item is made contrary to this request through inadvertence, accident or oversight.

\_\_\_\_\_  
 Customer Signature

<p><b>RELEASE OF STOP PAYMENT ORDER</b></p> <p><i>Available only on customer accounts.</i></p> <p>Please revoke the stop payment order described above.</p> <p>Request received: _____</p> <p>Date release request received: _____</p> <p>_____</p> <p>Customer Signature</p>
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