The Piedmont Bank
ACH Stop Payment Request

☐ **Consumer Stop Payment (check one) _____ One Time Stop Payment _____ All Future Debits Stopped**

☐ **Corporate Stop Payment ___X___ One Time Stop Payment only**

    (If corporate item - CCD, CTX, or IAT, the stop payment is good for six months and only applies to one individual payment) (The stop payment is deleted from the system when the one stop item is returned)

☐ **Cancel Existing Stop Order**

☐ **Verbal **All Telephone Requests will expire within fourteen (14) calendar days unless confirmed in writing within that time.**

Customer Name _____

Customer Account Number _____

Name of Company Debiting Account _____

Exact Amount of debit to be stopped $ _____

ACH Company ID# (this is a 10 digit #, necessary for stop payment to be effective) _____

I understand this Stop Payment Order must be received by The Piedmont Bank at least three (3) banking days prior to the scheduled debit transaction date and for checks converted to ACH, it must be received by The Piedmont Bank in a reasonable amount of time to place the stop payment (these items are one time stop payments as these represent one time payments). I understand this Stop Payment Order will remain in effect until the earlier of (1) I withdraw the order in writing, or (2) the return of the debit entry (for one-time stops). In requesting The Piedmont Bank to stop payment of this item or any other, I agree to hold The Piedmont Bank harmless and indemnify it for all costs, expenses, or damages incurred or suffered by refusing payment of the above described debit.

Service Fee: __$34__ **Customer Signature:** _____ ___ **Date**:_____

Bank Use Only:

Customer ID verified in person:_____ If faxed, signature verified: _____

Received By: _____ Date: _____ Time: _____
    Printed Name & Signature

Please send the original Stop Payment Request to Dot Cochran in Deposit Operations Department

Date Deleted if One Time Stop: _____