



# HILLIARD LYONS

## PRIVATE BANKING

### STOP PAYMENT REQUEST FORM

409 Silverside Road, Suite 105  
 Wilmington, DE 19809  
 P: 877.644.1513  
 F: 302.791.5787  
 www.hilliardlyonsprivatebanking.com

I authorize the Hilliard Lyons Private Banking to place a stop payment on the check(s) or ACH debit transactions described below.

By signing this document, I assert that all the information provided below is accurate to the best of my knowledge. If the item is presented in a different method or amount than I have indicated, the payment may still be issued with no liability to Hilliard Lyons Private Banking (Bank).

The stop payment request will remain in place for six (6) months, unless I choose to revoke it in writing. According to Delaware law, stop payment orders not confirmed in writing and received within 14 days are non-binding upon the Bank. I further affirm that, should I wish to maintain the stop payment for up to six (6) more months, I understand that I will need to submit a new Stop Payment Request Form and in doing so, an additional service fee will be assessed to my account.

At your request, we have stopped payment on the check described below. Our records do not disclose that this order has been confirmed. If you wish it to remain in effect, please sign and return this copy to the Stop Payment Department *within 14 days of receipt*.

PART 1: Personal Information	
Account Holder's Name:	Account Number:
Address:	Contact Phone Number:

### PART 2: Stop Payment: Check Information

**A Stop Payment Order against a check is effective only as to the check that is described below. WE CANNOT ACCEPT RESPONSIBILITY FOR STOPPING PAYMENT ON A CHECK UNLESS WE HAVE BEEN GIVEN THE EXACT AMOUNT AND CHECK NUMBER.**

Check Number: (or check range)	Amount:
Check Date:	Payee:
Reason for Stop Payment:	
Replacement Check Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement Check Number: (if applicable)

### PART 3: Stop Payment: ACH Information

Stop payment requests must be provided to the Bank at least three (3) business days prior to the scheduled date of the transaction to allow the Bank a reasonable opportunity to act on it.

**WE CANNOT ACCEPT RESPONSIBILITY FOR STOPPING PAYMENT ON AN ACH DEBIT UNLESS WE HAVE BEEN GIVEN THE EXACT AMOUNT, EXPECTED DATE AND PAYEE.**

Payee:	Exact Amount of ACH:*	
Standard Entry Code:	Company ID:	Individual ID:
Date of Expected ACH Debit:*	Reason for Stop Payment:	
Check One of the Following: <input type="checkbox"/> Cease All Future Payments** <input type="checkbox"/> One-Time Only Request		

\*Indicates required information.

\*\*When requesting to cease all future payments to a specific payee, you must notify the Originator that you revoke your authorization for those payments. You may be asked to provide evidence of the revocation request in order for this stop payment request to remain in effect.

(Part 3 is continued on next page)

**PART 3 (continued from previous page)**

In requesting a stop payment of this or any other item, the undersigned agrees to hold Hilliard Lyons Private Banking harmless for all damages, expenses and costs incurred by the Bank resulting from the refusal of payment for said item, and further agrees not to hold the Bank liable, if, by reason of this Stop Payment Order, other items drawn by the undersigned are returned insufficient, or, if the above-described check or ACH debit is paid because the order to enact the stop was not received in sufficient time.

Furthermore, if this Stop Payment Order is for all future ACH payments to a specific payee, the undersigned acknowledges that in order to revoke authorization for such payments, the Originator of those payments must be notified. This shall be legally binding upon the undersigned and upon the executors, administrators, successors, or assigns of the undersigned.

**PART 4: Signature - Required**

Print Name:	Date: (mm/dd/yyyy)
Authorized Signature:	

Please **mail or fax** this completed form to:

Hilliard Lyons Private Banking  
 409 Silverside Road, Suite 105  
 Wilmington, DE 19809  
 F: 302.791.5787

**FOR BANK USE ONLY**

Authorized Representative:	Date Received: (mm/dd/yyyy)	Date Processed: (mm/dd/yyyy)
Branch Number:	Account Status:	Account Balance: