

Valley Bank of Nevada
Check or ACH Debit
Stop-Payment Order

I. STOP PAYMENT ORDER

Account Number: _____ Date Received: _____ Time: _____
 Account Title: _____ Received By: _____
 Fee \$ _____ Request Received: In Person _____
 Reason for Stop-Payment Order: _____

Check and complete (to the extent applicable) one of the following two choices:

Please stop payment of the single check or Automated Clearing House (ACH) debit identified below. I (the undersigned) understand that this Stop-Payment Order will not apply to any other checks or ACH debits for the benefit of the Payee/Originator.

Payee/Originator: _____ Amount: _____
 Scheduled Future Transfer Date: _____
 Initiated/Authorized by Check #: _____
 Dated: _____

Please stop all future ACH debits pursuant to the authorization identified below, including but not limited to recurring preauthorized payments. I understand that I am Required by the Institution to confirm in writing that I have revoked the authorization given to the Payee/Originator, and by signing this Stop-Payment Order I do so confirm.

Payee/Originator: _____ Date of Authorization: _____
 Description of Authorization: _____

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 CAN BE SENT, an oral Stop-Payment Order is effective for 14-day period. With respect to ACH debit, the institution and undersigned agree to abide by the ACH rules and regulations regarding Stop-Payment Orders. Properly signed Stop-Payment Orders are effective for 6 months after the date received and will automatically expire after that period unless renewed in writing.

 Authorized Signature Date Time

II. RELEASE OF STOP PAYMENT ORDER

WITHDRAWAL OF STOP-PAYMENT ORDER	RECORD OF RECEIPT OF WITHDRAWAL OF STOP-PAYMENT ORDER
<p>The above Stop-Payment Order and any revocation of the authorization identified above are withdrawn as of the date shown below.</p> <p>_____ Same Authorized Signature as Appears on Stop-Payment Request Above</p> <p style="text-align: right;">_____ Date</p>	<p>Withdrawal of the above Stop-Payment Order received on _____ at _____ M.</p> <p>_____ Signature of Representative of Financial Institution</p>