



Revised 12/6/2017

Stop Payment Form



DATE: _____ **EMPLOYEE:** _____

CUSTOMER NAME: _____ **SSN:** _____
Authorized Signer - (Required)

BUSINESS NAME: _____ **TIN:** _____
(If applicable)

CUSTOMER ACCT #: _____ **PHONE #:** _____

CUSTOMER ADDRESS: _____
(Physical/Mailing address) (City) (State) (Zip)

- ▶ A Stop Payment **cannot** be placed on items that have already cleared your account.
- ▶ Item(s) in Memo posted status **can** be stopped.
- ▶ Stop Payments **cannot** be placed on Bill Pay items, CVB originated ACHs or Debit Card charges with this form.

CHECK STOP PAYMENT (a form must be filled out for each Stop Payment)

*Amount: _____

*Check #: _____

Payable to: _____

Date Written: _____

Stop Reason: _____

RANGE OF CHECK NUMBERS

Check #s: _____
(Checks **must** start with numbers greater than 1; checks starting with zero will not work .)

Stop Reason: _____

ACH STOP PAYMENT (a form must be filled out for each Stop Payment unless recurring)

Amount: _____

Originating Company: _____

Date of Next Scheduled ACH Payment: _____

Stop Reason: _____

- One Time Stop (permanent until notified)
- 6 Month Stop
- Recurring Stop (permanent until notified)

▶ If this Stop Payment was made verbally, it will expire in 14 days. Written confirmation is required within 14 days from the date of this form. Please return this form to your nearest branch or mail to: Cache Valley Bank, 101 North Main Street, Logan, UT 84321, Attn: Customer Service.

X _____ **X** _____ _____
 Customer Signature Customer Printed Name Date

FOR OFFICE USE ONLY

Date **Temporary** Added to Sparak: _____ Employee Name: _____ Branch #: _____

Date **Permanent** Added to Sparak: _____ Employee Name: _____

Date **6 Months** Added to Sparak: _____ Employee Name: _____

Account Charged Scanned to Arc Image Fee Waived By: _____