

CONFIRMATION OF REVOKED AUTHORIZATION

(This statement serves as the written confirmation within 14 days of the original signature of the Stop Payment form.)

Date _____

Customer Name _____

Account Number _____

The account holder authorized _____(company name)

to originate one or more ACH entries to debit funds from the above account, but on _____ (date),

revoked that authorization by notifying _____ (company name)

in the manner specified in the authorization.

Account Holder Signature _____ Print Name _____

For Kentucky Farmers Bank Use Only

Accepted By _____ Date _____

Date Original Stop Payment Accepted _____