

STOP PAYMENT REQUEST FORM

a.m.

Consumer

Today's Date _____ Time _____ p.m. Account Type Corporate

Account Name _____ Contact Phone No. _____

Payable to _____ Transaction Amount \$ _____

Expected Clearing Date of Item(s) _____ Reason for Stop Payment _____

Account Number _____ Check Serial No.(s) _____ Date Check(s) Written _____

Single ACH Payment (Consumer Account)

On the terms hereinafter set out, the undersigned account holder hereby instructs Kentucky Farmers Bank, hereinafter called "Kentucky Farmers Bank", to stop payment on the above transaction. The stop payment order shall remain in effect

- (1) until written notice is received from the account holder to revoke the stop payment order; or
- (2) until payment of the entry has been stopped, whichever occurs first.

Recurring ACH Entries (Consumer Account): Verify Standard Entry Class Code (circle one) PPD TEL WEB IAT

On the terms hereinafter set out, the undersigned account holder hereby instructs Kentucky Farmers Bank, hereinafter called "Kentucky Farmers Bank", to stop payment on the above transaction(s).

The account holder authorized _____ to originate one or more ACH entries to debit funds from the above account,

- (1) But on _____ (date), revoked that authorization by notifying _____ (company name) in the manner specified in authorization; or
- (2) Will be notifying _____ (company name) on _____ (date) in the manner specified in the authorization.

(Financial Institution check if applicable) If Kentucky Farmers Bank checks this box then the account holder agrees to provide Kentucky Farmers Bank with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If Kentucky Farmers Bank does not receive the required written confirmation, then it will honor subsequent debits to the account.

One Ach Payment (Corporate Account)

On the terms hereinafter set out, the undersigned account holder hereby instructs Kentucky Farmers Bank, hereinafter called "Kentucky Farmers Bank," to stop payment on the above transaction. The stop payment order shall remain in effect for six months.

Check

On the terms hereinafter set out, the undersigned account holder hereby instructs Kentucky Farmers Bank, hereinafter called "Kentucky Farmers Bank," to stop payment on the above transaction. The stop order shall remain in effect for six months.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$ 25.00
By directing Kentucky Farmers Bank to stop payment on the above transaction(s), the account holder agrees to hold Kentucky Farmers Bank harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that Kentucky Farmers Bank may suffer or incur by reason of nonpayment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof. The account holder understands that the stop payment must be received at least three (3) business days before a scheduled debit(s) or in time to give Kentucky Farmers Bank reasonable time to act upon it. The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify Kentucky Farmers Bank for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly.

I am an authorized signer, or otherwise have authority to act on the identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or an person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Date _____ Account Holder Signature _____ Print Name _____

I (account holder) release Kentucky Farmers Bank from its obligation to stop payment on the above transaction(s).

Date _____ Account Holder Signature _____ Print Name _____

For Financial Institution Use Only

Verbal Stop Payment Request Accepted On _____ By _____
Signed Stop Payment Request Accepted On _____ By _____
Written Confirmation of Revocation Received On _____ By _____