

CHECK OR ACH DEBIT STOP-PAYMENT ORDER

Internal use

I. STOP-PAYMENT ORDER

Account Number: _____

Account Title: _____

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: _____

Scheduled Future Transfer Date: _____

Initiated/Authorized by Check #: _____

Dated: _____

Amount: _____

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: _____

Institution Name FIRST BANKERS TRUST CO./ N.A.

Received By _____

Date Received _____ Time _____ M. Fee \$ _____

Request Received: In Person By Phone _____

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, OR 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 IS REQUIRED AND PROVIDES AN ADDRESS WHERE THE WRITTEN CONFIRMATION CAN BE SENT, an oral Stop-Payment Order is effective for 14 calendar days only, unless confirmed in writing within the 14-day period. With respect to ACH debits, the institution and the undersigned agree to abide by the ACH rules and regulations regarding Stop-Payment Orders.

Authorized Signature

X _____ M.
DATE TIME

Please print this form and complete where applicable

Return to the bank by mail or email

Address – P O Box 3566, Quincy, IL 62305-3566

Email address – onlinebanking@firstbankers.com

II. WITHDRAWAL OF STOP-PAYMENT ORDER

WITHDRAWAL OF STOP-PAYMENT ORDER

The above Stop-Payment Order and any revocation of the authorization identified above are withdrawn as of the date shown below.

Same Authorized Signature as Date
Appears on Stop Payment

RECORD OF RECEIPT OF WITHDRAWAL OF STOP-PAYMENT ORDER

Withdrawal of the above Stop-Payment Order received on _____
at _____ M.

Signature of Representative of Financial Institution