



STOP PAYMENT REQUEST FORM

409 Silverside Road, Suite 105
Wilmington, DE 19809
P: 800.545.0289
F: 302.791.5787
www.thebancorpbank.com

I, the undersigned, authorize The Bancorp Bank (Bank) to place a stop payment on the check(s) or ACH debit transactions described below. By signing this Stop Payment Request Form, I assert that all the information provided below is accurate to the best of my knowledge. If the item is presented in a different method or amount than I have indicated, the payment may still be issued with no liability to the Bank. At your request, we stopped payment on the check or ACH debit transaction described below. Our records do not disclose this stop payment order has been confirmed. If you wish it to remain in effect, please sign and return this copy to the Stop Payment Department. According to Delaware law, stop payment orders not confirmed in writing within 14 days are not binding upon the Bank.

PART 1: Personal Information

Account Holder's Name:	Account Number:
Address:	Contact Phone Number:

PART 2: Stop Payment: Check Information

WE CANNOT ACCEPT RESPONSIBILITY FOR A STOP PAYMENT ORDER ON A CHECK UNLESS WE HAVE BEEN GIVEN THE EXACT AMOUNT AND CHECK NUMBER.
A stop payment order is effective for six months and may be renewed for an additional six-month period by written request to the Bank within the period during which the stop payment order is effective. Stop payment orders may be subject to a fee in accordance with the Bank's Schedule of Fees.

Check Number: (or check range)	Amount:
Check Date:	Payee:
Reason for Stop Payment:	
Replacement Check Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement Check Number: (if applicable)

PART 3: Stop Payment: ACH Information

ACH stop payment requests must be provided to the Bank at least three (3) business days prior to the scheduled date of the transaction. **WE CANNOT ACCEPT RESPONSIBILITY FOR A STOP PAYMENT ORDER ON AN ACH DEBIT UNLESS WE HAVE BEEN GIVEN THE EXACT AMOUNT, EXPECTED DATE, AND PAYEE.**
A stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, or (2) the return of the debit entry, or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific originator, the return of all such debit entries. Stop payment orders may be subject to a fee in accordance with the Bank's Schedule of Fees. The stop payment order request must be provided to the Bank in such time and in such a manner as to allow the Bank reasonable time to act on the request. Verbal stop payment orders cease to be binding after 14 calendar days unless written confirmation is provided to the Bank by the account holder within that 14-day period.

Payee:	Exact Amount of ACH:*	
Standard Entry Code:	Company ID:	Individual ID:
Date of Expected ACH Debit:*	Reason for Stop Payment:	
Check One of the Following: <input type="checkbox"/> Cease All Future Payments** <input type="checkbox"/> One-Time Request Only		

*indicates required information
**When requesting to cease all future payments to a specific payee, you must notify the Originator that you revoke your authorization for those payments. You may be asked to provide evidence of the revocation request in order for this stop payment request to remain in effect.

(Part 3 continued on next page)

PART 3 (continued from previous page)

By requesting a stop payment order for this or any other item, the undersigned agrees to hold the Bank harmless for all damages, expenses, and costs incurred by the Bank resulting from the refusal of payment for said item, and further agrees not to hold the Bank liable, if, by reason of this stop payment order, other items drawn by the undersigned are returned insufficient, or, if the above-described check or ACH debit is paid because the order to enact the stop payment was not received in sufficient time.

Furthermore, if this stop payment order is to apply to all future ACH payments to a specific payee, the undersigned acknowledges that the originator of those payments has been notified that the undersigned has revoked authorization for such payments. This document shall be legally binding upon the undersigned and upon the executors, administrators, successors, or assigns of the undersigned.

PART 4: Signature - Required

Print Name:	Date: (mm/dd/yyyy)
Authorized Signature:	

Please **mail or fax** this completed form to:

The Bancorp Bank
409 Silverside Road, Suite 105
Wilmington, DE 19809
F: 302.385.5194
F: 302.791.5787

FOR BANK USE ONLY

Authorized Representative:	Date Recieved: (mm/dd/yyyy)	Date Processed: (mm/dd/yyyy)
Branch Number:	Account Status:	Account Balance: