Stop-Payment Order Form

STOP PAYMENT REQUEST

Uniti Bank 6301 Beach Blvd. #100 Buena Park, CA 90621 INSTITUTION ("We or "Us")	Request Received ☐ In Person ☐ By Phone ☐ Letter or _____ Stop Payment Fee $ _____	Request Accepted Date _____ Time _____ By _____	Account Number	Other
			Duplicate Issued	Number / Date

IMPORTANT! Item Description: Beacause of the large volume of items we process, we do not visually inspect each item. We use a computer syste. **Therefore, every one of the item descriptions indicated by a " * " must be EXACT or our computer system will not be able to identify the item, making this stop-payment order ineffective**.

Amount of Item*
☐ Exact to the penny
☐ Exact to the Dollar
$ _____

Number*	**Date***	Issued by

Payable To*

Account Name & Address [ ]

You and we will abide by the rules and regulations (as stablished by the Uniform Commercial Code or other law) governing Stop Payment Orders. To be effective, we must receive the Stop Payment Order in time to give us a reasonable opportunity to act on it, and before our stop payment cutoff time, if any. Oral Stop Payment Orders (including by phone) are binding for **14 DAYS ONLY**, unless you confirm the order in writing on the proper form within the 14 day period. Properly signed Stop Payment Orders are effective for 6 months after the date accepted and will automatically expire after that period unless renewed in writing.

_____
AUTHORIZED SIGNATURE ("You or "Your")

RELEASE OF STOP PAYMENT ORDER

BY THE FINANCIAL INSTITUTION

The item on which you have placed a Stop Payment Order was present on _____and payment was stopped. When an item is returned unpaid because of a Stop Payment Order, the words "Payment Stopped" are stamped on the item. This eliminates all possibilities of the item being presented for payment again. Therefore, we are removing your Stop Payment Order from our records.

Financial Institution _____

_____
Authorized Signature for Financial Institution

Date

BY AUTHORIZED SIGNER

Please revoke the Stop Payment Order described above

☐ In Person
☐ By Phone
☐ Letter or _____

Release Received _____ At _____ O'Clock _____ Min

Original Returned? _____ Date _____

DRAWER OF ITEM _____

By _____
Request and Release must bear same authorized signature

Form UD008

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