



STOP –PAYMENT REQUEST ORDER (Checks and ACH Entries)

On the terms and conditions set out below, the undersigned account holder (hereafter referred to as “you”) hereby instructs Mechanics Bank (hereafter referred to as “we” or “us”) to stop payment on the transaction(s) indicated below:

Account Number: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Title: _____ Reason For Stop Payment: _____ <input type="checkbox"/> Original Request <input type="checkbox"/> Renewal Customer Contact Number: _____	Date Received: _____ Time Received: _____ Received by: _____ Received: <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> Internet <input type="checkbox"/> Other Stop Payment Fee: \$ _____
Check/Paper Draft Payable to: _____ Check Number: _____ Item Date: _____ Amount: _____ Replacement Check Number: _____ A properly signed check or paper draft stop payment order is effective for six months after the date accepted and will automatically expire after that period unless renewed in writing.	ACH Debit Entry Originator: _____ Amount: _____ <input type="checkbox"/> Single Entry (ONE TIME) Expected Posting Date: _____ <input type="checkbox"/> Recurring Entries (MULTIPLE) Between the dates of _____ and _____ <input type="checkbox"/> ALL Future Debits At our discretion, “we” may require a copy of the written revocation “you” provided the Originator.

STOP PAYMENT TERMS AND CONDITIONS

It is understood that because of the large volume of items that we process, we do not visually inspect each item. We use a computer system. **Therefore, every one of the item descriptions that “you” have provided must be EXACT or our computer system will not be able to identify the item, making this stop payment order ineffective.** “You” agree that “we” are not obligated to honor a stop payment request that does not contain complete and accurate information provided to “us” in a timely manner. “You” understand that it is necessary to provide the correct information related to the transaction, and that failure to do so may result in payment of the requested stop payment item. Verbal stop – payment request orders, including those made by phone, internet or automated telephone banking system will remain in effect for 14 DAYS ONLY, unless “you” confirm the request by signing the request order within that 14-day period.

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS STATED ABOVE. I FURTHER DEPOSE AND STATE THAT THE TRANSACTION(S) DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRAUDULENT INTENT BY ME OR ANY PERSON ACTING IN CONCERT WITH ME AND THAT THE SIGNATURE BELOW IS MY OWN PROPER SIGNATURE.

Date	Account Holder Signature	Print Name
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Date	Mechanics Bank Representative	Print Name
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RELEASE OF STOP-PAYMENT ORDER	
RELEASE OF STOP-PAYMENT ORDER The above Stop-Payment Order is released as of the date shown below. <hr/> Same authorized signature as appears on Stop Payment Date	RECORD OF RECEIPT OF RELEASE STOP-PAYMENT ORDER Release of the above Stop-Payment Order received on <hr/> Date Time <hr/> Mechanics Bank Representative