



**Stop Payment Request**

**Fax Number: 1-858-350-0443**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

- Check (6 month stop payment)
- ACH (one time stop only, will not stop future/recurring debits – will remain in effect until this debit is returned or the stop is withdrawn) (R08)

Account Number: \_\_\_\_\_

Check # (N/A for ACH): \_\_\_\_\_ Amount\$ \_\_\_\_\_

Payee/Debiting Company: \_\_\_\_\_

Date Written/Authorized: \_\_\_\_\_

I am requesting the UFB Direct to place a stop payment on a check or an ACH debit to my account referenced above. I understand that if the item is presented and does not exactly match the information provided on this form that it may be paid. I also understand that unless my request is received by UFB Direct in a reasonable time for the Bank to act on my order (prior to payment of the check or 3 business days before the scheduled dat of the ACH) that I cannot hold UFB Direct responsible. I also understand that if I wish to cancel this request that I must do so in writing.

I understand that if the item is presented in a different method than I have indicated, the item may still be paid with no liability to UFB Direct. I understand that if this form is not completed and returned within 14 calendar days, my stop payment will expire on the 14<sup>th</sup> day of the request. I understand that I will incur a fee for placing this stop payment. Stop payments will expire after 6 months unless instructed otherwise by me. By signing below I certify that I have read and agree to the terms and conditions of this request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To Release Stop Payment**

Release Date: \_\_\_\_\_

The above Stop Payment Request is withdrawn.

Signature: \_\_\_\_\_

Fax completed form to: 1-858-350-0443 or mail to:  
UFB Direct  
P.O. Box 509127  
San Diego, CA 92150-9948

**BANK USE ONLY**

-Verbal stop placed on (date): \_\_\_\_\_ form emailed for signature on (date): \_\_\_\_\_ will expire on (date): \_\_\_\_\_ if signed copy not returned.

-ACH payment stopped and returned on (date): \_\_\_\_\_. Remove from system so that future/recurring debits are not stopped.

Signature of bank representative: \_\_\_\_\_

UFB Direct Stop Payment Request\_20110727V2

Bank products and services are offered by UFB Direct a division of BofI Federal Bank. UFB Direct and other BofI Federal Bank accounts are not separately insured by the FDIC.