

Stop Payment Disclosure:

If UNPAID, you are hereby requesting SouthTrust Bank to stop payment of this item(s). The undersigned agrees to hold SouthTrust Bank harmless for all expenses and costs incurred by the institution on account of refusing payment thereof.

The account holder agrees that SouthTrust Bank is not obligated to honor a stop payment request that does not contain accurate information provided in a timely manner as specified under the Account Disclosure, Rules, and Regulations.

I have read and accept the terms and conditions above. I further depose and say 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. I certify that the foregoing is true and correct.

I understand that my account will be charged according to SouthTrust Bank's current fee disclosure.

For an improper ACH debit or POS debit, please visit a branch to complete the necessary form.