

STOP PAYMENT REQUEST ORDER

Today's Date _____ Time _____ a.m. p.m. Contact me at: _____
Account Number _____ Account Type: _____ Consumer _____ Business
Date Check(s) Written _____ Expected Clearing Date for ACH _____
Payable to _____ Transaction Amount \$ _____
Check Serial Number(s) _____ Reason for Stop Payment _____
(Required for POP, ARC, BOC and RCK Debits and Check Stop Payments)

Consumer Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs First Minnetonka City Bank to stop payment on the above transaction(s). The 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. **Where this stop payment order applies to more than one debit entry relating to a specific authorization involving a specific Originator, this order shall be effective for the return of all such entries as identified above.** I further understand that if notified to do so by First Minnetonka City Bank, I must confirm this stop payment request order in writing within fourteen (14) days, or it will cease to be binding after such time.

I hereby request the following type of stop payment on my consumer account:

____ One Time ACH Stop Payment ____ Recurring ACH Stop Payment (Complete the following section.)

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, 1) but on _____ (date), revoked that authorization by notifying _____ (company name) the manner specified in the authorization; or 2) will be notifying _____ (company name) on _____ (date) in the manner specified in the authorization.

The account holder agrees to provide First Minnetonka City Bank with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If First Minnetonka City Bank does not receive the required written confirmation, then it will honor subsequent debits to the account.

Non-Consumer (Corporate) Account ACH Stop Payment

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs First Minnetonka City Bank to stop payment on the above transaction(s). A verbal stop payment order for non-consumer payment(s) is good for 14 days. When confirmed in writing, the stop payment request order shall remain in effect until the earliest of 1) the withdrawal of the stop payment order by the account holder; 2) the return of the debit entry; or 3) six months from the date of this stop payment request order.

I hereby request the following type of stop payment on my corporate (non-consumer) account:

____ One Time ACH Stop Payment ____ Recurring ACH Stop Payment (effective for six months)

Stop Payment for Check(s)

Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs First Minnetonka City Bank to stop payment on the above listed check(s). The stop payment order shall remain in effect for six months. I further understand that if notified to do so by First Minnetonka City Bank, I must confirm this stop payment order in writing within fourteen (14) days, or it will cease to be binding after such time.

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$ _30.00 _____

By directing First Minnetonka City Bank to stop payment on the above transaction(s), the account holder agrees to hold First Minnetonka City Bank harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that First Minnetonka City Bank may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request order must be received at least three (3) business days before a scheduled debit(s) or in time to give First Minnetonka City Bank reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify First Minnetonka City Bank for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I further state that the debit transaction(s) 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 under penalty of perjury that the foregoing is true and correct.

Date _____ Account Holder Signature _____ Print Name _____

I hereby declare that I revoke this stop payment request order effective _____ Signed _____

FOR FINANCIAL INSTITUTION USE ONLY

Verbal Stop Payment Request Order accepted on _____ by _____

Signed Stop Payment Request Form Order received on _____ by _____

Written Confirmation of Revocation received on _____ by _____