Upon completing and signing this form, please fax (518-885-4477), drop off at any branch location, or mail to: BSNB, PO Box 70, Ballston Spa, NY 12020

ACH DEBIT
ONE TIME
STOP-PAYMENT REQUEST

Please stop payment of the Automated Clearing House (ACH) debit specified below. This stop payment will affect only the (one) payment specified. For recurring preauthorized withdrawals, I (the undersigned) understand that any subsequent payments to the Payee identified below will continue to be honored until I take the actions necessary to revoke the authorization originally given by me to allow multiple debits to my account.

Payee/Originator:

☐ Schedule (Future) Transaction Date:

☐ Initiated/Authorized by Check (date):
Check Number:

Amount:
Other:
Account Number::
Account Title:

Institution Name:
Accepted By:
Date Accepted: Time Fee$ 25.00
Request Received: In Person By Phone

In order to be effective, the stop-payment order must be received in time to allow the institution a reasonable opportunity to act on it. (For debits to consumer accounts not initiated by check or authorized using a voided check, ACH rules generally require that the order be given at least three banking days before the scheduled date of the transfer.) The order must specifically identify the transaction. ORAL STOP-PAYMENT ORDERS (INCLUDING BY PHONE) ARE BINDING FOR 14 DAYS ONLY, unless confirmed in writing within the 14-day period. A valid stop-payment order remains effective until the earliest of the following: (1) the payment is stopped, (2) you release the stop-payment order, or (6) six months elapse after the date the written stop-payment order is accepted.
This Institution and the undersigned agree to abide by the rules and regulations governing ACH stop-payment orders.

Authorized Signature:_____

Date: Phone number:

NOTICE:

If you wish to release the Stop-Payment Order described, above, please sign below and return this form to the Financial Institution so we may remove the Stop-Payment Order from our records.

The Stop-Payment Order Above hereof is released.

Authorized Signature_____Date_____

(Release should bear same authorized signature as stop order.)