



ACH STOP PAYMENT REQUEST

Date _____

Request received By Phone Other: _____

To be effective, an ACH Stop Payment order must be received in time to allow CIT Bank, N.A. ("CIT Bank") a reasonable opportunity to act on it, and for some, ACH debits must be received at least three (3) banking days before the scheduled date of transfer. To be effective, an ACH Stop Payment order must also identify the transfer sufficiently to allow the CIT Bank a reasonable opportunity to act on it.

Account / Transaction Information

Customer Name: _____

Account Number: _____ Check Number: _____ (If applicable)

Amount: _____ or any amount

Payee / Originator: _____

Company ID: _____ Individual ID: _____

Standard Entry Class: _____

Indicate the specific reason for stopping payment on the originating company named above by checking the appropriate box:

- Stop all payments for amount indicated above (type 3)
- Stop all future payments from this originator indefinitely (type 7)

Place a stop payment on the Automated Clearing House (ACH) transaction(s) specified above. CIT Bank and the undersigned agree to abide by the ACH rules and regulations regarding ACH stop payment orders.

Customer Signature

Date

Revocation

This ACH Stop Payment Request is hereby revoked:

Customer Signature

Date

| Bank Use Only | |
|--------------------------------|-------------|
| Stop Payment entered by: _____ | Date: _____ |
| Reviewed by: _____ | Date: _____ |
| Approved by: _____ | Date: _____ |