

# ACH STOP PAYMENT RELEASE FORM



## Section A: Payment Information

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

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

Amount: \$ \_\_\_\_\_

Date of Original Payment: \_\_\_\_\_

Originating Company Name: \_\_\_\_\_

Date of Stop Payment: \_\_\_\_\_

**I verify that the above information is correct.**

## Section B: Signatures

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby release the stop payment order described above and agree to defend, indemnify and to hold Ameriprise Bank, FSB harmless for the amount of the payment, and from all claims, damages, costs and attorney's fees incurred by Ameriprise Bank, FSB on account of Ameriprise Bank, FSB's payment of said instrument, and further agree that Ameriprise Bank, FSB will in no way be responsible or liable for payment of the instrument referred to above.

Please call us at (888) 356-1006 if you have any questions.

Retain a copy of this request for your records.

**Submit request via fax or mail to the following:**

Fax: (304) 843-5527

Mail: Ameriprise Bank, FSB, 834 Ameriprise Financial Center, Minneapolis, MN 55474