

ACH STOP PAYMENT REQUEST FORM



Section A: Payment Information

Customer Name: _____

Account Number: _____

Amount: \$ _____

Date of Next Scheduled Payment: _____

Originating Company Name: _____

Reason for Stop Payment: _____

Per this request, Ameriprise Bank, FSB will place a stop payment on the instrument described above. If any information is later found to be incorrect, please notify us immediately. Should Ameriprise Bank, FSB pay the instrument contrary to this order, you will have the burden to establish that fact and the amount of your loss.

You understand that Ameriprise Bank, FSB is not lawfully required to honor this stop payment order on the above listed item if this order has not been received within three days to enable Ameriprise Bank, FSB to refuse to accept, pay, post, settle or process the item or to otherwise not become accountable for the item.

You agree to defend, indemnify and hold Ameriprise Bank, FSB harmless for the amount of the instrument and from all claims, damages, costs and attorney's fees incurred by Ameriprise Bank, FSB pursuant to Ameriprise Bank, FSB's refusal to pay the above-described instrument. Ameriprise Bank, FSB will in no way be responsible or liable for payment of the instrument unless it occurs through Ameriprise Bank, FSB's lack of good faith or failure to exercise ordinary care.

I verify I am an authorized signer on this account, the above information is correct, and I understand a stop payment fee may be charged per the account agreement.

Signature

Date

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: 1 (888) 871-0327

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

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