



ONE Account Check Stop Payment Form

Account Number

- i**
- Use this form to request a stop payment on a check written on this Ameriprise ONE® Financial Account for up to six months.
 - A stop request on electronic payments (ACH) can be requested by calling Ameriprise Financial 1.888.356.1006.
 - Once a stop payment is placed, it may take up to 24 hours for it to take effect on the system. Although every effort will be made to enforce the stop payment, we cannot guarantee the payment will be stopped. Under the law, a stop payment does not cancel the validity of a check. As such, this is a courtesy and is not legally binding. A fee of \$25 per check or range of checks is assessed on stop payments. The stop payment is effective for 6 months following the date of the request. To place a stop payment for longer than 6 months, you must complete a new stop payment request before the initial stop payment request expires.

Client and Account Information

Client or Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID	<input type="text" value="001"/>	
Additional Client or Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID	<input type="text" value="001"/>	
Entity or Trust Name	Trust Date (MMDDYYYY)	
<input type="text"/>	<input type="text"/>	
Client ID	<input type="text" value="001"/>	

Request Details

Stop Reason

Lost in Mail
 Disputed Payment
 Cancelled
 Other

Are you requesting stop payment on more than one check?

Yes
 No

Starting Check Number
 Ending Check Number
 Check Number

Amount \$



Payee Name	MI	Last Name
------------	----	-----------

Acknowledgments

- Per this request, Ameriprise Financial, Inc. will place a stop payment on the instrument described above. If any information is later found to be incorrect, please notify us immediately. Unless you renew this stop payment, it will expire six months from the date it was first placed. Should Ameriprise Financial, Inc. 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 Financial, Inc. is not lawfully required to honor this stop payment order on the above listed item if this order has not been received within a reasonable time to enable Ameriprise Financial, Inc. 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 Financial, Inc. harmless for the amount of the instrument and from all claims, damages, costs and attorney's fees incurred by Ameriprise Financial, Inc. pursuant to Ameriprise Financial, Inc.'s refusal to pay the above-described instrument. Ameriprise Financial, Inc. will in no way be responsible or liable for payment of the instrument unless it occurs through Ameriprise Financial, Inc.'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.

Required Signatures

Client or Trustee First Name	MI	Last Name	
Client or Trustee Signature			Date (MMDDYYYY)
X			
Additional Client or Trustee First Name	MI	Last Name	
Additional Client or Trustee Signature			Date (MMDDYYYY)
X			