axos™ BANK

Stop Payment Request   **Fax Number: 1-858-350-0443**

Name: _____

Address: _____

City: _____ _____State: _____ Zip: _____

Phone Number: _____ Email: _____

☐ **Check (6 month stop payment)**
☐   **ACH (one time stop only, will not stop future/recurring debits – will remain in effect until this debit is returned or the stop is withdrawn) (R08)**

Account Number: _____

Check # (N/A for ACH): _____Amount$_____

Payee/Debiting Company: _____

Date Written/Authorized: _____

I am requesting the Axos Bank™ to place a stop payment on a check or an ACH debit to my account referenced above. I understand that if the item is presented and does not exactly match the information provided on this form that it may be paid. I also understand that unless my request is received by Axos Bank in a reasonable time for the Bank to act on my order (prior to payment of the check or 3 business days before the scheduled date of the ACH) that I cannot hold Axos Bank responsible. I also understand that if I wish to cancel this request that I must do so in writing.

I understand that if the item is presented in a different method than I have indicated, the item may still be paid with no liability to Axos Bank. I understand that if this form is not completed and returned within 14 calendar days, my stop payment will expire on the 14th day of the request. I understand that I will incur a fee for placing this stop payment. Stop payments will expire after 6 months unless instructed otherwise by me.

By signing below I certify that I have read and agree to the terms and conditions of this request.

Signature: _____

Date: _____

To Release Stop Payment

Release Date: _____

The above Stop Payment Request is withdrawn.

Signature: _____

Fax completed form to: 1-858-350-0443 or mail to:
Axos Bank
P.O. Box 911039
San Diego, CA 92191-1039

MEMBER FDIC   EQUAL HOUSING LENDER