



# Stop Payment Request

Date Stamp  
(Office use only)  
Rev. 5/5/2023

This is a fillable PDF form. To complete the form, click in an area and type.

## Account Owner Information *(As it appears on your account application)*

Legal Name: \_\_\_\_\_ Vantage Account #: \_\_\_\_\_  
First, Middle, Last

Contact Telephone: \_\_\_\_\_

## Stop Payment Details

I HEREBY REQUEST TO STOP PAYMENT ON THE FOLLOWING

Payable To: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Reason For Stopping Payment:

\_\_\_\_\_

Would You Like Us To Re-Issue This Payment? No Yes Re-Issue Amount: \$ \_\_\_\_\_

*If yes, please complete the Delivery Instructions section below*

## Delivery Instructions *(Please reference your Vantage fee schedule for applicable transaction fees.)*

CHECK *(If no delivery option selected, we will default to regular mail)*

Payable To: \_\_\_\_\_

Regular Mail Overnight *(Cannot be delivered to a P.O. Box)*

Mail To Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WIRE ACH Bank Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Holder's Address *(Required for Wires)* City: \_\_\_\_\_ State: \_\_\_\_\_

**Transaction Fees** *(If applicable, all fees due at time of transaction. If no indication is made, fees will be deducted from your available uninvested cash balance. If cash balance is inadequate, transaction will not be processed.)*

How Would You Like To Pay The Transaction Fees?

Vantage Account Visa MC Discover AMEX

Name On Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In requesting stop payment of this item, Account Owner agrees to hold Vantage harmless for all expenses and costs incurred due to refusing payment thereof. Payment by the bank of the item though its inadvertence, oversight or mistake shall not constitute failure to exercise ordinary care and Vantage shall not be liable for any reason other than its failure to exercise ordinary care. Account Owner further agrees to not hold Vantage liable due to payment made contrary to this request if same occurs through inadvertence, accident or oversight, or if by reason of such payment other items drawn by Account Owner are returned for insufficient funds. The Account Owner agrees that if not previously revoked THIS REQUEST WILL AUTOMATICALLY EXPIRE AT THE END OF 6 MONTHS from date hereof unless a new Stop Payment Request is received by Vantage. The withdrawal of the stop payment order hereof shall be made in person at Vantage.

Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(I have read the disclosure above the signature line before signing and dating and agree with its contents.)*