



VANTAGE®

Stop Payment Request

Date Stamp
(Office use only)
Rev. 12/28/2021

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 CASHIER'S CHECK

Payable To: _____

Will Pick Up Overnight *(Cannot be delivered to a PO Box)* Regular Mail

Mail To Address: _____ City: _____ State: _____ Zip: _____

WIRE ACH Bank Name: _____ Routing Number: _____

Account Name: _____ Account Number: _____

Wire Recipient's Address: _____ City: _____ State: _____ Zip: _____

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 Check *(Made payable to Vantage)* Visa MC Discover AMEX

Name On Card: _____

Card Number: _____ Exp: _____ CVC: _____

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. An oral request is valid only for fourteen calendar days unless confirmed in writing.

Account Owner's Signature: _____ Date: _____

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