

STOP PAYMENT OF PREAUTHORIZED TRANSFER



R08 – Canceled Authorization

PRINT, COMPLETE, SIGN, and MAIL this request form to Bank of Hawaii, Electronic Payments Group #121, P.O. Box 2900, Honolulu, HI 96846. Please be sure to make a copy of this request for your records.

CUSTOMER NAME

STREET ADDRESS / PO BOX OR RURAL ROUTE

APT / SUITE NO.

CITY

STATE

ZIP CODE

HOME PHONE

BUSINESS PHONE

()

()

NAME OF PERSON/COMPANY

TRANSACTION AMOUNT*

\$ _____ OR ANY AMOUNT

I, _____, authorized the Company named above to originate a preauthorized transfer
(PRINT NAME OF ACCOUNT HOLDER)
 to debit funds from my checking / savings account _____ at Bank of Hawaii. I hereby request that
(ACCOUNT NUMBER)

CHECK ONE:

A **one time** stop payment be placed on the transaction which will be debited from my account on
 _____,
(MONTH / DAY) _____, (YEAR)

CONSUMER ACCOUNTS ONLY:

A stop payment be placed on the transaction which will be debiting my account beginning _____,
(MONTH / DAY) _____, (YEAR)
 through _____,
(MONTH / DAY) _____, (YEAR)

A stop payment be placed for **all** future payments.

I understand that if this request is received later than three business days before the scheduled transfer date, Bank of Hawaii cannot guarantee that the debit will be stopped, and will not be liable to me if it is unable to stop payment. This request will remain active until withdrawn by me in writing. The debit transaction was not originated with fraudulent intent by me or any person acting in concert with me.

(Unless a specific amount is provided, the next transaction received from the person or company will be returned.*

This is my proper signature, and I am authorized to sign orders for the checking/savings account described above. I agree to pay Bank of Hawaii a processing fee (refer to current fee schedule) for this request, and for any amount (including attorney's fees and costs) which it must pay and to defend it against any claims which are made because the information provided by me was incorrect, incomplete, or was given with the intent to improperly avoid payment of a legitimate debt.

SIGNATURE OF CUSTOMER

DATE

X

WITHDRAWAL OF PREVIOUS STOP PAYMENT REQUEST

I voluntarily withdraw this stop payment request. The Bank is not obligated to stop future payments to the person or company identified above.

SIGNATURE OF CUSTOMER

DATE

X

FOR BANK USE ONLY

* PLEASE REFER TO BR 80-20*

ACTION TAKEN:

- Online Checked
- Copy of statement attached
- Notified customer of fee
- Guam, American Samoa, Saipan, fax copy to Bank of Hawaii – EPG #121

REQUEST RECEIVED: DIRECT
 PHONE MAIL (Letter attached)

BY BRANCH / DEPT. NO. _____ DATE _____

ACCEPTED BY _____ TIME _____ AM
 PM

FOR EPG USE ONLY COMPANY ID															
PROCESSED BY												DATE			

DISTRIBUTION: 1 – EPG #121 2 – Branch / Department File