



PENSCO TRUST COMPANY

Please return original to:

Regular Mail:
PO Box 193716
San Francisco, CA
94119-3716

Express/Courier:
560 Mission Street, Ste. 1300
San Francisco, CA
94105-2907

Stop Payment Authorization

Return by fax to (415) 956-3016

A STOP PAYMENT CAN NOT BE PLACED UNTIL 4 BUSINESS DAYS HAVE ELAPSED FROM THE ISSUANCE OF THE ORIGINAL CHECK.

Account #: _____ Stop Request Date: - - Stop Request Time: _____ :

Accountholder's Name _____ Requested By: _____ Client or Designated Representative Name

Check Issue Date: - - Check #: _____ Check Amount \$: _____ . _____

Payable To: _____

Reason For Stop Payment: _____

Please check one: Issue New Payment (complete method below) Return Funds to Account

Account #: _____ Asset Name: _____ Asset Number: _____

VIA CHECK: Payee Name: _____

Payee Address: _____

Street

City

State

Zip

Check Amount \$: _____ . _____

VIA WIRE: Bank Name: _____ Wire Amount \$: _____ . _____

Bank Address: _____

Street

City

State

Zip

ABA / Routing #: _____ Bank Account #: _____

Other Instructions: _____

By executing this *Stop Payment Authorization*, I warrant the information is true and correct to the best of my knowledge. I hereby agree to indemnify and hold PENSCO harmless for and against any further loss, claim, damage, or liability arising out of, or resulting from, any action taken by PENSCO, including negligence. PENSCO is not liable for any special or consequential losses, or special, general, or punitive damages, except those specifically acknowledged. This *Stop Payment Authorization* is further subject to all terms and conditions of the accountholder's *Custodial Agreement* with PENSCO and all applicable State and Federal laws.

Authorized By:

 _____

Signature Required - Accountholder or Designated Representative on file with PENSCO Trust Company

Date

For Office Use Only: FW Officer: _____

Funds credited back to Account Number: _____ Asset Number Adjusted: _____

Processed By: _____ Date: _____