

Request or revoke stop payment



Use this form to stop payment or revoke a stop payment on any check drawn on, or ACH debit from, your TIAA Bank account. All information must be provided for this request to be processed. Enter your information clearly using blue or black ink.

1. Your information

Name of account holder		Security code <i>(Required if submitting this request by fax)</i>	
Account number			
Address	City	State	ZIP
Home phone	Email		

2. Stop payment information

All stop payment requests must be received in time to give us a reasonable opportunity to act on them. This written Stop Payment Request will be effective for at least six months. If an item is presented to us after the stop payment has expired or you have removed it, we may pay the item without liability to you. For additional information on stop payments, please see your Account Terms, Disclosures, and Agreements Booklet.

The following information must be exactly correct. If you provide us with incorrect information, even if that information is almost correct, we will not be liable if we pay the check.

Stop a single check

Check number	Check date
Amount	Payee

Stop a range of checks

From sequence number	To sequence number
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Stop an ACH payment/debit

One-time Recurring

Payee	Amount
Has the ACH payment/debit posted to account yet? <input type="radio"/> No <input type="radio"/> Yes If yes, enter date _____	

Revoke a stop of a single check

Check number	Check date
Amount	Payee

Revoke a stop on a range of checks

From sequence number	To sequence number
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Revoke a stop on an ACH payment/debit

Amount	Payee
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3. Signature

By submitting this form, you agree to the terms and conditions as set forth in your Account Terms, Disclosures and Agreements Booklet. You also agree to pay the applicable stop payment fee as disclosed in the Deposit Account Fee Schedule.

The undersigned agrees that we, TIAA, FSB ("TIAA Bank"), in our sole discretion, may accept signature cards, agreements or other documents that you have signed and sent to us by electronic means, like fax, email, or other file transmittal processes we might offer. By sending us any such document by electronic means, the undersigned agrees that we may rely on it and on the signature, and that the document is binding on the signer even if the original signed document is not delivered to us.



 Account holder

 Date

4. Submit

Fax: 1-888-882-6977

Mail: TIAA Bank, 11 Oval Drive, Suite 107, Islandia, NY 11749

For bank use only:

 Date and time stop payment entered

 Verify client signature

 Date verified

 FC number

 Employee name (Print first & last name)

