

Branch: 298 4th StreetBank Rep: 9251 _____
Signature**STOP PAYMENT FORM**Date: 10/20/2022Customer Name: JOHAN JONGSMAAddress: 851 BRIGHTWATERS BLVD NECity/State/Zip: ST PETERSBURG, FL 33704-3719Account#: 500072269 Reason for Stop Payment: _____

Check # or ACH	Date	Amount	Payee
7275	10/20/2022	\$6,155.00	TLC HOME SOLUTIONS
	/ /	\$0.00	
	/ /	\$0.00	

For ACH items only: ☐ First time ☐ One time only ☐ Permanently

As used in this form the word "Bank" means Valley National Bank and the words "my", "me" and "I" mean the Customer.

Please review the accuracy of the above information to ensure you wish to apply this Stop Payment Order on the item or transaction above. If any information is incorrect, contact one of our Customer Service Representatives at 1-800-522-4100 as soon as possible. For calls made from outside of the U.S. and Canada, please call 1-973-305-8800. Failure to provide the Bank with completely accurate information in a timely fashion could result in the item or transaction being paid by the Bank.

My Responsibility to the Bank: I understand that there may be claims/demands made against the Bank as a result of my request to the Bank. I agree to be responsible to the Bank if any claim/demand made against it is the result of the Bank's having acted as I requested. I agree to reimburse the Bank for any reasonable costs, expenses or attorney's fees it has incurred in defending itself against any such claims or demands.

Effective Date: I understand this Stop Payment Order is not effective or binding upon the Bank until the next business day after the date on which the Bank receives this Order. For purposes of this section, Saturdays, Sundays, Holidays and other days on which the Bank is not open for business are not considered "business days." A written Stop Payment Order signed by me will not be effective after one (1) year unless I renew it in writing and given to the Bank within the period during which the Stop Payment Order is effective (UCC 4-403).

Receipt of Copy and Agreement to Service Charge: I have received a copy of this Stop Payment Order and agree to the charges set forth below which will be charged against my account.

Amount of Stop Payment Charge: \$0.00 Amount to Analysis: \$0.00

I understand that Stop Payment Orders made orally are only effective for 14 calendar days. If the Bank does not receive this Stop Payment Order signed by me within this 14-day period, the Bank has the right to cancel the Stop Payment Order.

Authorization - Customer Signature: _____ Date: 10/21/22

Customer Signature: _____ Date: _____

For Internal Use Only

Date Stop Payment Order Received: _____ Entered by: _____

Review by: _____ Effective Date Stop Placed: _____

Scan and Email completed form to "ACHDOCS" for ACH item

Scan and Email completed form to "Financial" for Home Equity Checks

All Stop forms are to be stored in Branch Completed Daily Stop Folder when stop request is received