



## Stop Payment Request

Complete the form below to submit an immediate request to stop payment on a single or range of checks. Type in any pieces of information useful in identifying the payment. Pressing submit will send the request.

### Company Information

Business name:

Business account number:

Reason for stop:

Range of checks  
Single check  
ACH

If a range of numbers, list  
beginning and ending numbers: -

### Payment Type

#### If a single check

Check number:

Amount of check:

Exact to the penny  
Exact to the dollar

Date of check:

Payable to:

#### If ACH

Is this a:                      Withdrawal  
   Deposit

Date of ACH:

Amount of ACH:

Payment to or from:

**Please note:** There is a \$30 fee for each stopped check. This fee is subject to tax.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Mail signed form to:

**Principal Bank**  
**PO Box 9351**  
**Des Moines, IA 50306-9351**