

CONFIRMATION OF REVOKED AUTHORIZATION

(This statement serves as the written confirmation within 14 days of the original signature of the Stop Payment form.)

Date \_\_\_\_\_

Customer Name \_\_\_\_\_

Account Number \_\_\_\_\_

The account holder authorized \_\_\_\_\_ (company name)

to originate one or more ACH entries to debit funds from the above account, but on \_\_\_\_\_ (date),

revoked that authorization by notifying \_\_\_\_\_ (company name)

in the manner specified in the authorization.

Account Holder Signature \_\_\_\_\_ Print Name \_\_\_\_\_

For Kentucky Farmers Bank Use Only

Accepted By \_\_\_\_\_ Date \_\_\_\_\_

Date Original Stop Payment Accepted \_\_\_\_\_