ADVISOR BANK

TheBancorp™

STOP PAYMENT REQUEST FORM

At your request, The Bancorp Bank, N.A. (Bank) will stop payment on the check(s) or ACH debit transaction(s) described below. If you have already placed a verbal stop payment request, and you wish the stop payment to remain in effect, or if this is an initial request, please sign and return this form to The Bancorp Bank, N.A., Stop Payment Department at the address at bottom of form. Verbal stop payment orders not confirmed in writing within 14 days are not binding upon the Bank.

I, the undersigned, authorize the Bank to place a stop payment on the check(s) or ACH debit transaction(s) described below.

By signing this Stop Payment Request Form, I assert that all the information provided below is accurate to the best of my knowledge. If the item is presented in a different method or amount than I have indicated, the payment may still be issued with no liability to the Bank.

PART 1: Personal Information

Account Holder's Name _____ Account Number _____

Account Holder's Address _____ City _____ State _____ Zip _____

Phone _____

PART 2: Stop Payment Check Information

THE BANK CANNOT ACCEPT RESPONSIBILITY FOR A STOP PAYMENT ORDER ON A CHECK UNLESS THE BANK HAS BEEN GIVEN THE EXACT AMOUNT AND CHECK NUMBER.

A stop payment order for a deposit account is effective for six months and may be renewed for an additional six-month period by written request to the Bank within the period during which the stop payment order is effective. A stop payment order on a loan account does not expire and does not require a renewal. Stop payment orders may be subject to a fee in accordance with the Bank's Schedule of Fees. The stop payment order request must be provided to the Bank in such time and in such a manner as to allow the Bank reasonable time to act on the request. Verbal stop payment orders cease to be binding after 14 calendar days unless written confirmation is provided to the Bank by the account holder within that 14-day period.

Check Number (or check range)	Amount	Check Date (mm/dd/yyyy)	Payee

Reason for Stop Payment _____

Replacement Check Issued:

◯ No ◯ Yes If yes, Replacement Check Number: _____
Check Number

Banking services provided by:
The Bancorp Bank, N.A. Member FDIC.
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PART 3: Stop Payment ACH Information

ACH stop payment requests must be provided to the Bank at least three (3) business days prior to the scheduled date of the transaction. THE BANK CANNOT ACCEPT RESPONSIBILITY FOR A STOP PAYMENT ORDER ON AN ACH DEBIT UNLESS THE BANK HAS BEEN GIVEN THE EXACT AMOUNT, EXPECTED DATE, AND PAYEE.

A stop payment order shall remain in effect until the earlier of (1) the withdrawal of the stop payment order by the account holder, or (2) the return of the debit entry, or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific originator, the return of all such debit entries. Stop payment orders may be subject to a fee in accordance with the Bank's Schedule of Fees. The stop payment order request must be provided to the Bank in such time and in such a manner as to allow the Bank reasonable time to act on the request. Verbal stop payment orders cease to be binding after 14 calendar days unless written confirmation is provided to the Bank by the account holder within that 14-day period.

Payee*			Exact Amount of ACH Debit*	Standard Entry Code
Company ID	Individual ID	Date of Expected ACH Debit* (mm/dd/yyyy)	Reason For Stop Payment	

Check one of the following: ◯ Stop All Future Payments** ◯ One-time Request Only

* Indicates required information

** When requesting to stop all future payments to a specific payee, you must notify the originating bank that you revoke your authorization for those payments. You may be asked to provide evidence of the revocation request in order for this stop payment request to remain in effect.

PART 4: Customer Acknowledgment and Signature — Required

By requesting a stop payment order for this or any other item, the undersigned agrees to hold the Bank harmless for all damages, expenses, and costs incurred by the Bank resulting from the refusal of payment for said item, and further agrees not to hold the Bank liable, if, by reason of this stop payment order, other items drawn by the undersigned are returned insufficient, or, if the above-described check or ACH debit is paid because the order to enact the stop payment was not received in sufficient time.

Furthermore, if this stop payment order is to apply to all future ACH payments to a specific payee, the undersigned acknowledges that the originating bank of those payments has been notified that the undersigned has revoked authorization for such payments. This document shall be legally binding upon the undersigned and upon the executors, administrators, successors, or assigns of the undersigned:

Authorized Signature	Date (mm/dd/yyyy)

Print Name

Please **mail or fax** this completed form to:

Advisor Bank
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5680

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

FOR BANK USE ONLY

Authorized Representative		Date Received (mm/dd/yyyy)	Date Processed (mm/dd/yyyy)
Branch Number	Account Status	Account Balance	

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