BenefitWallet™

MSA ACCOUNT REQUEST FOR STOP PAYMENT

Name: _____

MSA Checking Account Number: 9 8 0 0 ⬚ ⬚ ⬚ ⬚ ⬚ ⬚ ⬚ ⬚ ⬚ ⬚

I am requesting stop payment on the following check(s) or sequence of checks. A stop payment can only be applied to a check that has not been cashed. Please confirm the check(s) you are requesting the stop payment for have not been cashed. Once a stop payment order has been placed, you can only remove the stop payment by completing and submitting the "Remove Stop Payment" form.

☐ Single Check(s) Stop Payment
Please complete this section for each single check stop payment requested; attach additional forms as needed.

Check Number _____ Dollar Amount $ _____ .__

Payment Date (MM/DD/YY) ___/___/___

To whom is the check payable _____

Replacement check number _____ (If available)

Reason for Stop
☐ Check was Lost/Stolen   ☐ Dispute regarding Check   ☐ N/A

☐ Range or Sequence of Checks

Check Range or Sequence _____ to and including _____

Reason for Stop
☐ Check was Lost/Stolen   ☐ Dispute regarding Check   ☐ N/A

A fee of $25.00, or as stated on your rate and fee schedule, for each single check stop payment or sequence stop payment requested will be deducted from your MSA. By completing, signing and submitting this form, I authorize this deduction.

_____

Account holder's signature is required

Address
City, State, and Zip

Mail:	**Courier/Overnight:**
BenefitWallet	BenefitWallet Operations
P.O. Box 535161	500 Ross Street Suite 154-0510
Pittsburgh, PA 15253-5161	Pittsburgh, PA 15262-0001

Internal Use Only

Signature Verified by: _____	Date: _____
Stop Payment Order Prepared By: _____	Date: _____

RSP201306