Date: [Insert Date]

To: [Financial Institution Name]
[Department Name]
[Address]
[City, State, Zip Code]

Re: Notice of Stop Payment Order Failure - Joint Account Authorization Conflict

Account Number: [Insert Account Number]
Account Holders: [Insert Names of All Joint Account Holders]

To Whom It May Concern,

I am writing to formally address the failure of a stop payment order placed on the above-referenced account. I requested a stop payment for the following transaction:

- Payee Name: [Insert Name]
- Check/Transaction Number: [Insert Number]
- Amount: [Insert Amount]
- Date of Request: [Insert Date]

I have been informed that this stop payment was not honored or was overridden due to an authorization conflict or a request from the joint account holder, [Name of Joint Holder].

According to the account agreement and applicable banking regulations, any joint account holder typically has the right to stop payment. I am requesting a formal clarification regarding the conflict that occurred and the specific internal policy that allowed the payment to proceed despite my original order.

Furthermore, please provide details on how the bank intends to resolve any loss resulting from this failure. I request that you investigate this matter and provide a written response within [Number] business days.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]