[Institution Name]
[Department Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Re: Confirmation of ACH Stop Payment Request

Dear [Customer Name],

This letter confirms that we have processed your request to stop payment on the following Automated Clearing House (ACH) transaction(s):

- **Account Number:** [Last 4 Digits of Account]
- **Originating Company Name:** [Company Name]
- **Expected Amount:** [Amount or "All Amounts"]
- **Effective Date:** [Date Request Received]
- **Stop Payment Reference Number:** [Reference Number]

Please be advised of the following regarding this request:

1. **Duration:** This stop payment order will remain in effect for six (6) months for consumer accounts unless you withdraw it in writing or the specific transaction is returned. For non-consumer accounts, different terms may apply per your account agreement.

2. **Fees:** A stop payment fee of $[Amount] has been assessed to your account in accordance with our fee schedule.

3. **Liability:** While we will make every effort to stop the payment described above, we are not liable if the information provided was incorrect or if the payment was processed before the stop order could be implemented.

4. **Recurring Payments:** If you wish to permanently cancel a recurring authorization, you must also contact the originating company directly to revoke your authorization.

If any of the information above is incorrect, or if you wish to cancel this stop payment order, please contact us immediately at [Phone Number] or visit your local branch.

Thank you for choosing [Institution Name].

Sincerely,

[Staff Name/Department]
[Institution Name]