



STOP PAYMENT FORM

please type or print in ink

Name		Social Security Number	
Address			
City		State	Zip Code
Phone Number			
Transaction Type	ACH/Electronic	Check	Expected Pay Date
ACH Stop Payment Type	Request for Revocation		One Time Stop Payment
Payable to	Retiree	Beneficiary	
	Other (Power of Attorney)		
Reason for Stop Payment Request	Lost/Stolen	Never Received	
	Closed Bank Account	Other	
Bank Name (if applicable)		Payment Amount	
Have you attached a new Direct Deposit Form? (ACH Users Only)			Yes No

Stop Payment Terms & Conditions:

On the terms hereinafter set out, the undersigned retiree/beneficiary hereby instructs the City of Richmond, Virginia: Richmond Retirement System, hereinafter called "the Retirement System," to stop payment of the above transaction.

This Stop Payment order shall remain in effect as requested by your signature for payment indicated. By directing the Retirement System to stop payment on the above transaction, the retiree/beneficiary agrees to hold the Retirement System harmless against any and all loss, claims, damage and costs, including court costs and attorney's fees that the retiree/beneficiary/or Retirement System may suffer or incur by reason of not paying the above transaction if presented prior to withdrawal of these instructions or renewal thereof.

The retiree/beneficiary understands that the Stop Payment Form must be received in time to give the Retirement System reasonable time to act upon it. For checks, at least 10 days after the payment date. For ACH deposits, at least 72 business hours advanced prior notice prior to the expected date of transfer.

For ACH stop payments a new Direct Deposit Form must accompany your request for the Richmond Retirement System to complete the stop payment transaction.

Signature	Date
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For Richmond Retirement System Office Use Only	
Check Number	Check Status
Check Amount	Date Stop Payment Processed
Replacement Check Number	Replacement Check Issue Date
Official	