

FIRST HAWAIIAN BANK
STOP PAYMENT ORDER

TITLE OF ACCOUNT: <u>Comptroller Sub-Account</u>				ACCOUNT NUMBER: <u>01-088947</u>				FUND CODE <u>CONVERSION TABLE</u>		
CHECK NO.	SERIAL NO.								FUND CODE	FUND NO.
	FY CODE	FUND NO.	0	LAST SIX DIGITS OF CHECK NO.						
AMOUNT										
CHECK DATE										
PAYEE										
REASON FOR STOP								DATE		
SIGNATURE OF RESPONSIBLE FISCAL OFFICER					DEPARTMENTAL CONTACT PERSON (PRINT)					
DEPARTMENT/NAME OF EXPENDING AGENCY								TELEPHONE NO.		

STOP PAYMENT ORDER	DATE SUBMITTED	TIME SUBMITTED
_____ ACCOUNTING DIVISION		
STOP PAYMENT ORDER CANCELLATION	DATE SUBMITTED	TIME SUBMITTED
_____ ACCOUNTING DIVISION		

FOR BANK USE ONLY		
<input type="checkbox"/> ENTER STOP PAYMENT	<input type="checkbox"/> REMOVE STOP PAYMENT	STOP EXPIRATION DATE
_____ Entered By	_____ Confirm #	FY CODE
_____ Date	_____ Time	_____ Authorized By
<input type="checkbox"/> STOP PAYMENT REJECT		
_____ Reason	_____ Authorized By	