

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 <u>CODE</u>	FUND <u>NO.</u>		
	FY CODE	FUND NO.	LAST SIX DIGITS OF CHECK NO.							
AMOUNT			0					P 1 W 2 G 3 S 4 B 5 T 6 E 7 U 8		
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		
_____ Entered By	_____ Confirm #		
_____ Date	_____ Time	_____ Authorized By	
<input type="checkbox"/> STOP PAYMENT REJECT			
_____ Reason		_____ Authorized By	
	<u>FY CODE</u>	<u>STOP EXPIRATION DATE</u>	
	8	June 5, 2019	
	9	June 5, 2020	
	0	June 5, 2021	