

**FIRST HAWAIIAN BANK
STOP PAYMENT ORDER**

For **PAYROLL** checks select Payroll Sub-Account

TITLE OF ACCOUNT:			ACCOUNT NUMBER:						FUND CODE CONVERSION TABLE	
CHECK NO.	SERIAL NO.									FUND CODE P W G S B T E U FUND NO. 1 2 3 4 5 6 7 8
	FY CODE	FUND NO.	LAST SIX DIGITS OF CHECK NO.						FUND CODE	
AMOUNT			0							
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
		FY CODE	STOP EXPIRATION DATE
		2	June 5, 2023
		3	June 5, 2024
		4	June 5, 2025