

**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	FUND NO.	
	FY CODE	FUND NO.		LAST SIX DIGITS OF CHECK NO.								
AMOUNT			<b>0</b>							P	1	
CHECK DATE											W	2
PAYEE											G	3
REASON FOR STOP											S	4
											B	5
											T	6
											E	7
											U	8
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
		3	June 5, 2024
		4	June 5, 2025
		5	June 5, 2026