FIRST HAWAIIAN BANK

STOP PAYMENT ORDER

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

TITLE OF ACCOUNT:	ACCOUNT NUMBER:	FUND CODE
Payroll Sub-Account	**01-155121**	CONVERSION TABLE

CHECK NO.	SERIAL NO.								
	FY CODE	FUND NO.		LAST SIX DIGITS OF CHECK NO.					
AMOUNT			**0**						

FUND CODE	FUND NO.
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

☐ ENTER STOP PAYMENT ☐ REMOVE STOP PAYMENT

_____ Entered By _____ Confirm #

_____ Date _____ Time _____ Authorized By

☐ STOP PAYMENT REJECT

_____ Reason _____ Authorized By

FY CODE	STOP EXPIRATION DATE
6	June 5, 2027
7	June 5, 2028
8	June 5, 2029