

STOP PAYMENT REQUEST

			RECEIVED BY	DATE RECEIVED	TIME RECEIVED
TO:			FROM:		
ACCOUNT NO.	CHECK NUMBER	CHECK AMOUNT	DATE OF CHECK	REPLACEMENT CHECK? ☐ Yes ☐ No	REPLACEMENT CHECK NO.
PAYABLE TO:			REASON FOR STOPPING PAYMENT: --		
This stop payment request is binding upon the Institution only if it accurately states the exact information requested above, and it is received by you in sufficient time to give you a reasonable opportunity to act upon it. If the request has been made within such time, and with such specificity, it will be effective for six (6) months from the day it is received, unless it is renewed in writing. I agree to pay the Institution the stop payment request fee of \$28.00 and to indemnify and hold the Institution harmless from all expenses and costs which it incurs due to its compliance with the Request.					
ORDER ENTERED BY:			DATE ENTERED:	TIME ENTERED:	EXPIRATION DATE:
CUSTOMER SIGNATURE		DATE	STOP PAYMENT REQUEST CANCELLATION/RENEWAL This Stop Payment Request is hereby: ☐ cancelled ☐ renewed for an additional 6 months from this date		
ORAL REQUEST TAKEN BY					
EFFECTIVE DATE	TIME		CUSTOMER SIGNATURE	DATE	
			X		
ADDITIONAL NOTES					