

STOP PAYMENT REQUEST

RECEIVED BY		DATE RECEIVED		TIME RECEIVED		AM PM
TO: (herein "You", "Institution")				FROM: (herein "I", "Customer")		
ACCOUNT NUMBER	CHECK NUMBER	CHECK AMOUNT	DATE OF CHECK	DID CUSTOMER ISSUE REPLACEMENT CHECK? <input type="checkbox"/> Yes <input type="checkbox"/> No	REPLACEMENT CHECK NO.	
PAYABLE TO			REASON FOR STOPPING PAYMENT			
<p>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 \$ _____ and to indemnify and hold the Institution harmless from all expenses and costs which it incurs due to its compliance with this Request.</p>						
ORDER ENTERED BY		DATE ENTERED	TIME ENTERED	AM PM	EXPIRATION DATE	
CUSTOMER SIGNATURE		<p align="center">STOP PAYMENT REQUEST CANCELLATION/RENEWAL</p> <p>This Stop Payment Request is hereby:</p> <p>check one only <input checked="" type="checkbox"/> cancelled <input type="checkbox"/> renewed for an additional 6 months from this date</p>				
ORAL REQUEST TAKEN BY						
DATE	TIME	AM PM	CUSTOMER SIGNATURE	DATE	NEW EXPIRATION DATE	

INSTITUTION COPY