



STOP PAYMENT ORDER

Customer Name	Account Number
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Description of Check:

Check Number*:	Check Amount*:	Check Date:
Payee*:		Reason for Stop*:

**Required Fields*

I/we request(s) that the Bank stop payment on the check identified above. I understand that in order for the Bank to stop payment of the check, the above information must be accurate. I agree that the Bank must be given a reasonable opportunity to act on this stop payment request. This stop-payment order is valid only if the check has not been accepted, certified, settled or paid.

I understand that despite proper completion and delivery of the stop payment order, I may nevertheless be liable on the check described to the payee or any subsequent holder in due course thereof. In addition, I understand that it is essential that the check covered by this order be described exactly in order to be effective, specifically including, but not limited to, the correct check number and amount.

I understand that this stop-payment order is effective for six months. I must renew the stop-payment order in writing for the stop-payment order to be effective for more than six months. If the check is presented for payment after the stop payment order has expired, I agree that the Bank may pay the check, but that the Bank is not obligated to pay the check. If the Bank pays the check, the Bank may charge the check against my account.

I agree to hold the Bank harmless for the amount of the check and for any expenses incurred by the Bank for refusing payment of the check in accordance with this stop-payment order. I also agree to defend, indemnify and hold harmless Bank from any expense, loss, or damage, including court costs and reasonable attorneys fees, incurred as a result of carrying out this order, including any claim by any person, organization or corporation arising from any transfer or pledge of, or the assertion of any interest in the above described check.

NOTICE TO ACH/DRAFT CUSTOMERS: I understand that placing a stop-payment order on an ACH item or draft will not cancel my authorization with the originator of the ACH transfer. I understand that I must send a letter to the originator to cancel the automatic payments.

Customer Signature

Bank Approval

Date: _____

Date: _____

Bank Use Only:

Received By	Entered by	Comments:
Date / Time Received	Date / Time Entered	<input type="checkbox"/> Screen print attached

RELEASE OF STOP PAYMENT ORDER

I request that the Bank release the Stop-Payment Order referenced above, and I authorize the Bank to pay the above check when presented for payment.

Customer Signature

Bank Acceptance

Date: _____

Date: _____
