

STOP-PAYMENT ORDER

I. STOP-PAYMENT REQUEST

INSTITUTION ("We" or "Us")	Request Received <input type="checkbox"/> In Person <input type="checkbox"/> By Phone	Request Received Date _____	Account Number _____	Other: _____
	Stop-Payment Fee \$ _____	Time _____ By _____	Duplicate Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____ Date _____

IMPORTANT! Item Description: Because of the large volume of items we process, we do not visually inspect each item. We use a computer system. Therefore, every one of the item descriptions indicated by a "X" must be EXACT or our computer system will not be able to identify the item, making this stop-payment order ineffective.	Amount of Item <input type="checkbox"/> Exact to the penny <input type="checkbox"/> Exact to the dollar \$ _____	<input type="checkbox"/> Number	<input type="checkbox"/> Dated	<input type="checkbox"/>
		<input type="checkbox"/> Payable To _____		

Account Name [_____]

You and we will abide by the rules and regulations (as established by the Uniform Commercial Code or other law) governing Stop-Payment Orders. To be effective, we must receive the Stop-Payment Order in time to give us a reasonable opportunity to act on it, and before our stop-payment cutoff time, if any. Oral Stop-Payment Orders (including by phone) are binding for 14 CALENDAR DAYS ONLY, unless you confirm the order in writing on the proper form within the 14-day period. Properly signed Stop-Payment Orders are effective for 6 months after the date received and will automatically expire after that period unless renewed in writing.

AUTHORIZED SIGNATURE ("You" or "Your") DATE TIME

II. RELEASE OF STOP-PAYMENT ORDER

RELEASE OF STOP-PAYMENT ORDER

The above Stop-Payment Order is released as of the date shown below.

Same Authorized Signature as Appears on Stop Payment Date _____

RECORD OF RECEIPT OF RELEASE OF STOP-PAYMENT ORDER

Release of the above Stop-Payment Order received on _____ at _____ M.

Signature of Representative of Financial Institution