



STOP PAYMENT AUTHORIZATION

Account Number		Check No.
<input type="checkbox"/> EFT Item Dated		
Payable to (Payee or EFT Originating Company Name)		
Amount	Reason	
Reason		

Date Received	Time Received	AM / PM
Request Taken By		
Expiration Date		

Account Name and Address

ORAL STOP PAYMENTS (INCLUDING BY PHONE) ARE ONLY BINDING FOR A PERIOD OF 14 DAYS.

This confirmation is our record of your Stop Payment Order and represents our understanding of the order. If you wish to extend your Stop Payment Order beyond the 14 days, you must sign this written Stop Payment Order.

A written Stop Payment Order when properly executed and signed by any accountholder is effective for: 1. Checks, drafts or similar orders for 6 months and may be renewed in writing, or 2. For Single EFT Transactions, until the Transaction has been stopped, or 3. For all recurring EFT Transactions from the same Originator, until all requested transactions have ceased.

- Stop only the single EFT Transaction scheduled to take place on _____.
- Stop all EFT Transactions from the Originator shown above. The next transaction is scheduled on _____. By initialing I hereby certify that I have contacted the Originating Company and requested them to stop all future debits/payments _____
Initials

By signing this Stop Payment Authorization, you are ordering us to stop payment on the check or pre-authorized electronic fund transfer ("EFT") described on this form. You warrant that the information applicable to the check or EFT is exact and correct. You understand that this Stop Payment Order cannot be upheld by us if we find that the check has already been paid or that we have taken some other action to pay the check. You also understand that (1) we have a reasonable amount of time in order to act on this Stop Payment Order prior to final payment or similar action on the check, and (2) you must execute this Stop Payment Order with us at least three business days before the scheduled date of any pre-authorized EFT. If a reasonable amount of time is not given or you do not meet the three business day requirement for EFT's, you will not hold us responsible for stopping payment and this Stop Payment Authorization shall be of no effect.

You may not request us to stop payment on any cashier check, certified check or any other check or payment guaranteed by us. You may not request us to stop payment on any "Point of Sale" EFT.

You hereby agree to indemnify, defend and hold us harmless from all expenses and costs, which includes court costs and attorney's fees, damages, actions or claims related to or arising from our actions in not paying the check or EFT listed on this form. This would include the claims of a payee, indorsee or joint depositor. You also will not hold us liable if we fail to stop payment on the check or EFT if it occurs as a result of the information supplied to us being incorrect in any manner, or through any other inadvertence, accident or oversight. **IMPORTANT:** The information on this Stop Payment Order must be correct, including the exact amount of the check to the penny and check number, or the Bank will not be able to stop payment and this Stop Payment Order will be void.

You agree that the Bank may charge the indicated fee for processing this Stop Payment Authorization as well as a similar fee for each renewal you make, such fee to be deducted from your account.

You agree to notify us promptly upon (1) the issuance of any duplicate check or EFT which replaces the check or EFT listed on this form, (2) return of the original check.

BY SIGNING BELOW, YOU AGREE THAT THE RULES AND REGULATIONS OUTLINED IN THE UNIFORM COMMERCIAL CODE OF THIS STATE APPLY TO THIS STOP PAYMENT AUTHORIZATION.

Please sign and return white copy to above address:

Accountholder Signature X _____

FOR CANCELLATION OF STOP PAYMENT

If you should recover this check, please instruct us to cancel this order.
 To cancel this Stop Payment Authorization, please sign below and return to the Institution.
 This Stop Payment order is hereby released, withdrawn and cancelled.

Customer Signature _____ Date _____
 Request and Revocation must be the same Authorized Signature