



You are hereby authorized to stop payment on the following:

PAYABLE TO	AMOUNT

Reason For Stop Payment _____

TELEPHONE NUMBER

SERVICE CHARGE

190-1005

STOP PAYMENT AUTHORIZATION

STOP DATE	TIME	BRANCH

CHECK NO.	DATED	ACCOUNT NUMBER

In asking this courtesy the undersigned agrees to hold the above named institution harmless for said amount and for all expenses and costs incurred by it on account of refusing payment of said check, and further agrees not to hold said institution liable on account of payment contrary to this request if made through inadvertence or accident. Please verify the dollar amount written above and notify us immediately if incorrect. If a duplicate check is issued or if the original check is returned, the undersigned agrees to notify this institution promptly.

Uniform code provides that a written stop payment order is binding upon an institution for only 6 months unless renewed in writing and that an oral stop payment order is effective for only 14 days unless confirmed in writing within that period.

(Authorized Signature)

STOP PAYMENT RELEASE The above request is hereby withdrawn	
_____ (Authorized Signature)	_____ (Date)

AUTHORIZATION COPY - WHITE
RECEIPT COPY - YELLOW
DEBIT TICKET COPY - PINK