

STOP PAYMENT REQUEST

Account Number	Check Number	Check Date	Amount	Payable To (Payee)	Signed By (Maker)

Customer:

Financial Institution: First Commercial Bank (USA)

1. **Item Description.** I/We hereby order you to stop payment on the check identified above. I/We warrant that the information describing the check is accurate and correct, including the date, amount, and number of the check, together with the name of the payee. I/We understand that the EXACT amount of the check is necessary for your computer to stop payment. If I/we give you the incorrect amount or any other incorrect information, you will not be responsible for failing to stop payment on the check.
2. **Agreement.** I/We agree that unless my/our stop payment order is received by you within a reasonable time for you to act on my/our order prior to final payment of the check by you, you will not be responsible for stopping payment. I/We agree that I/we may not stop payment on any cashier's check, certified check or other official institution check I/we have purchased from you; or any check of which you have guaranteed. I/We understand that my/our stop payment request is conditional and subject to your verification that the check has not already been paid or that some other action to pay the check has not been taken by you.
3. **Duration.** A stop payment order is effective only against the check that is identified above. A written stop payment order is effective for six (6) months only and will expire automatically at that time unless I/we have specifically renewed it in writing prior to expiration.
4. **Fees.** I/We agree to pay a service charge for this stop payment order in the amount shown in your current disclosure of fees and charges. Unless otherwise agreed, you are authorized to charge this service charge to the Account identified above.
5. **Indemnification.** I/We agree to indemnify, defend and hold you harmless against all costs, including attorneys' fees, actions, damages or claims related to, or arising from, your action in refusing payment of the check, including claims of any joint depositor, payee, endorsee or any other party having an interest in the check, or in failing to stop payment of a check as a result of incorrect information provided by me/us. I/We also agree to notify you promptly upon the issuance of any duplicate check which replaces the check subject to this order or upon return of the original check.

Method of request receipt: oral written

Reason for stop payment: _____

I/We have read and agreed to the terms set forth above.

CUSTOMER:

X _____

Authorized Signer **Date**

DATE	TIME	FEE
EXPIRATION	BY	

ITEM STATUS	
<input type="checkbox"/> Item stopped	Date _____
<input type="checkbox"/> Request expired	Other _____
<input type="checkbox"/> Request withdrawn _____	

RELEASE OF STOP PAYMENT
The above stop payment request is withdrawn.
X _____ Date _____