

# STOP PAYMENT REQUEST



				Received By	Date Received	Time Received
To: (herein "You", "Institution")				From: (herein "I", "Customer")		
Account Number	Check Number	Check Amount	Date of Check	Replacement Check Issued? Yes or No	Replacement Check #	
Payable To				Reason For Stopping Payment		
<p>This stop payment request is binding upon the Institution only if it accurately states the exact information requested above, and it is received by you in sufficient time to give you a reasonable opportunity to act upon it. If the request has been made within such time, and with such specificity, it will be effective for six (6) months from the day it is received, unless it is renewed in writing. I agree to pay the institution the stop payment request fee of \$ _____ and to indemnify the institution harmless from all expenses and costs which it incurs due to its compliance with this Request.</p>						
Order Entered By		Date Entered		Time Entered	Expiration Date	
Customer Signature / Date <b>X</b>		<b>STOP PAYMENT REQUEST CANCELLATION/RENEWAL</b>				
Oral Request Taken By		This Stop Payment Request is hereby: Cancelled renewed for an additional 6 months from this date				
Date	Time		Customer Signature / Date <b>X</b>		New Expiration Date	

Original - CU    Copy - Member