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**STOP PAYMENT REQUEST**

ACCOUNT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_\_\_\_\_\_ ITEM DATED: \_\_\_\_\_\_\_\_\_\_ ITEM AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_

PAYABLE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TODAYS DATE: \_\_\_\_\_\_\_\_\_\_ REASON FOR STOP PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL DUPLICATE CHECK BE ISSUED: YES [ ] NO [ ]

STOP PAYMENT ORDER GIVEN:

IN PERSON [ ] FAX [ ] LETTER [ ] PHONE [ ]

To be effective, a stop-payment must be received in time to give us a reasonable opportunity to act on it before our stop-payment cut-off time, and must precisely identify the number, date, amount of the item, and the payee.

The undersigned agrees to hold First Liberty National Bank harmless for said amount and to indemnify said Bank against loss, expenses and cost incurred by reason of said Bank’s refusal to pay the above described check. The undersigned further agrees not to hold said Bank responsible should the above described check be paid through inadvertence, accident or oversight, or if by reason of such payment other item(s) drawn by the undersigned are returned insufficient. The undersigned agrees to and understands that before this order is binding upon said Bank, it must be in writing, dated, and described with certainty. This agreement may be entered into or canceled by any authorized signor on the deposit account on which this item may be drawn. The fee for this stop payment order and each renewal of this order will be assessed a **$10.00 fee**. Properly signed Stop-Payment Orders are effective for 6 months after date received and will automatically expire after that period unless renewed in writing.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_