



Paper Stop Payment Request

Customer Name _____ Account Number _____

Please select the appropriate option for each section below:

Order given by:

- Written order Telephone*

**This order, if oral (not signed by the party ordering stop payment), is binding only for 14 (fourteen) calendar days (unless released prior to expiration of fourteen calendar days) unless confirmed in writing within that period.*

Account Name _____

Payee/Company Name _____

Check #: _____ Dated: _____ Amount: _____

Check was given for: _____

Reason for stopping payment on check: _____

Contact phone # during business hours: (____) _____ - _____

By signing below, I authorize First American Bank to place a Stop Payment on the above-described check and certify that I have been informed of and agree to the following conditions:

- The bank shall be bound only to exercise good faith and ordinary care in the observation of this order; the bank shall not be liable on account of payment contrary to this request if same occurs through inadvertence or accident.
- The bank shall have a reasonable time after the receipt hereof within which to notify all appropriate employees of this order and the party giving this order agrees that such notification shall be conclusively presumed to be within a reasonable time if completed within 24 hours after receipt of this order.
- The bank is authorized to charge \$32.00 and the party ordering stop payment agrees to pay a service charge of \$32.00 for placing this order.
- This order, if oral, will expire in fourteen (14) calendar days unless released or confirmed in writing within that period.
- This order, if written, will expire six (6) months from the date hereof unless released or renewed in writing within that period.
- The party giving this order agrees to hold the bank harmless and indemnify it for all costs, expenses or damages incurred or suffered by refusing payment of the above-described check.

Customer Signature and Date: _____

Bank use only:

CSR: _____ Branch: _____ Time: _____

\$32 Fee Collected: _____ Officer Approval (required): _____

A copy of this order, if oral, was mailed to the party giving this order on (Date) _____ By (employee initial) _____.