

STOP PAYMENT REQUEST

FIRST AMERICAN BANK AND TRUST COMPANY ATHENS, GEORGIA

Name: _____ Account # _____
By: ____ personal contact; ____ telephone; ____ written order; signed below, authorized and instructed
Bank to stop payment on the following described check/electronic draft:

Account Name: _____
Payee/Company Name: _____
Check #: _____ Dated: _____ Amount: \$ _____
Check/Draft was given for: _____
Reason for stopping payment on check: _____
Contact phone # during business hours: (_____) _____

If the customer states that the payment is unauthorized or revoked, contact Operations Officer to complete affidavit of unauthorized draft.

The above party giving this order was informed of and agreed to the following conditions:

1. This order, if oral (not signed by party ordering stop payment), is binding up Bank only for fourteen calendar days (unless released prior to expiration of fourteen calendar days) unless confirmed in writing within that period and, if written, this order will become ineffective six months from the date hereof (unless released prior to the expiration of six months) unless renewed in writing;
2. Bank shall be bound only to exercise good faith and ordinary care in the observation of this order; Bank shall not be liable on account of payment contrary to this request if same occurs through inadvertence or accident;
3. 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; and
4. Bank is authorized to charge \$32.00 and the party ordering stop payment agrees to pay a service charge of \$32.00 for the placing of this order.
5. The party giving this order agrees to hold Bank harmless for all costs, expenses, or damages it may incur or suffer by refusing payment of the above-described check.

Date: _____ Time Received: _____ Received by: _____

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

\$32 Fee Collected: _____

Officer Approval (REQUIRED): _____

Authorized Signature of party ordering stop payment: _____

DATA ENTRY DEPT ONLY

Date keyed: _____ Initials: _____

Date reviewed: _____ Initials: _____

A copy of this order is provided to the account holder upon request.