



STOP PAYMENT ORDER

- New York Branch 1045 Avenue of Americas New York, NY 10018
- Queens Branch 42-35 Main Street Flushing, NY 11355
- Los Angeles Branch 444 South Flower Street Los Angeles, CA 90071
- Chicago Branch 111 South Wacker Drive Suite 4800 Chicago, IL 60606

Dear Sir/Madam:
You are hereby requested to stop payment on the following described item drawn on or payable at your office.

ACCOUNT NUMBER: _____

TITLE OF THE ACCOUNT: _____

CHECK DATED: _____ **CHECK NUMBER:** _____

AMOUNT: _____

PAYABLE TO: _____

DRAWN BY: _____

REASON: _____

PLEASE NOTE:

I understand and agree that your Bank will not be held responsible for improper payment unless:

- A. The information on the stop payment order is accurate.
- B. The Bank is given reasonable opportunity to act on the order.

I understand and agree to hold you Bank harmless for all expenses, costs and attorney's fees incurred by it as a result of refusing payment of said check. I further agree not to hold the Bank liable for payment contrary to this request if payment occurs through accident, inadvertence or overnight otherwise than through lack of good faith or failure to exercise due care on Bank's part.

I further understand that this written order will become ineffective six (6) months from the date requested unless renewed in writing.

Signed By: _____
Authorized signature (Acct. Holder)

FOR BANK'S USE ONLY (_____)
Date received _____ Time _____ Signature Verified / Processed By _____ Date _____
Checked By _____ Date _____