



1045 AVENUE OF THE AMERICA
NEW YORK, NY 10018
TELEPHONE: (212) 935-3101
FAX: (212) 319-1944
S.W.I.F.T.: BKCH US 33

Date: _____

STOP PAYMENT ORDER

Please 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 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
(Account Holder)

FOR BANK'S USE ONLY (银行专用)

Date received _____ Time _____ Signature Verified / Processed By _____ Date _____

Checked By _____ Date _____