

STOP PAYMENT ORDER

UCC-PPA Rev. 9-06

TO: _____
 Financial Institution

 City State

Initials
Rec'd by:
Bookkeepers:

You are hereby authorized to STOP PAYMENT of the following described check:

Check No. _____ Dated _____ Amount \$ _____

Payable to _____

In asking this favor the undersigned agrees to hold you harmless for said amount and for all expenses and costs incurred by you on account of refusing payment of said check, and further agrees to allow you a reasonable time period to act on the stop payment request before it actually goes onto effect. It is further agreed that this request WILL AUTOMATICALLY EXPIRE IN SIX MONTHS. You are authorized to charge and I agree to pay a reasonable service fee for the placing of this order.

NOTICE RECEIVED at	AM PM on	20	Signature
NOTICE RELEASED at	AM PM on	20	Signature
CHECK REJECTED at	AM PM on	20	Acct. No.