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STOP PAYMENT

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

CHECK NUMBER: _____ **ITEM DATED:** _____ **ITEM AMOUNT:** _____

PAYABLE TO: _____

TODAYS DATE: _____ **REASON:** _____

CONFIRMATION REQUESTED? YES **/ NO**

WILL DUPLICATE CHECK BE ISSUED? YES **/ NO**

STOP PAYMENT ORDER GIVEN:

IN PERSON **FAX** **LETTER** **PHONE**

The undersigned agrees to hold Grand Bank harmless for said amount and to indemnify said Bank against loss, expenses and cost incurred by reason of said Bank's refusal to pay the above described check. The undersigned further agrees not to hold said Bank responsible should the above described check be paid through inadvertence, accident or oversight, or if by reason of such payment other item(s) drawn by the undersigned are returned insufficient. The undersigned agrees and understands that before this order is binding upon said Bank, it must be in writing, dated, and described with certainty. This agreement may be entered into or canceled by any authorized signor on the deposit account on which this item may be drawn. The published fee for this stop payment order and each renewal of this order will be assessed.

SIGNED _____

SIGNED _____