

STATE BANK of TAUNTON

Member FDIC

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STOP PAYMENT REQUEST

Stop Payments by Phone or Internet are only valid for fourteen days.

Please check one if this stop payment was initiated by:

Phone []

Internet Banking []

Kindly stop payment on the following described check

To: _____

Drawn By: _____ (Name on Account)

Account Number _____ Check Number _____

Check Amount _____ Date Issued _____

Reason: _____

In making this request the undersigned agrees to abide by all Rules and Regulations outlined in the Uniform Commercial Code of this State, asserts that this statement is true and correct, and that the undersigned has the authority to act on this account. There will be an automatic \$20.00 fee per check for all stop payments. This stop payment order will remain in effect until the earlier of (1) the withdrawal of the stop payment order by the customer, or (2) the return of the debit entry, or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Originator, the return of all such debit entries.

\$20.00 dollar service charge for this request is:

Amount enclosed _____

Please debit account number _____

Authorized Signature _____ **Date** _____