

## Stop Payment Request

Financial Institution: Peoples Federal Savings & Loan Assn. Received by \_\_\_\_\_

Request Received    In Person    By Phone    \_\_\_\_\_    Date Received \_\_\_\_\_    Time \_\_\_\_\_ M.

Item Number	Item Date	Item Payable To	Item Amount
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Other Info. Drawer	Replacement Item Issued	Yes No	Number	Date
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ACCOUNT NAME \_\_\_\_\_

ACCOUNT ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Account Number	Fee
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To be effective, the stop-payment request must be received in time to give us a reasonable chance to act on it.

This Financial Institution and the undersigned agree to abide by the rules and regulations (as outlined in the Uniform Commercial Code) governing Stop-Payment Orders. Oral Stop-Payment Orders (including by phone) are binding for 14 CALENDAR DAYS ONLY, unless the Account Owner confirms the order by signing the proper form within the 14 day period. Properly signed Stop-Payment Orders are effective for 6 months after date received and will automatically expire after that period unless renewed in writing.

\_\_\_\_\_  
PRINT NAME OF AUTHORIZED SIGNER

X \_\_\_\_\_ M.  
AUTHORIZED SIGNATURE    DATE    TIME