

Stop-Payment Request Form

Stop-Payment Information

Account title: _____ Account number: _____

Check number: _____ Dated: _____

In the amount of: \$ _____ Payable to: _____

Reason for Stop-Payment: _____

Your phone number: _____

Your account will be charged \$25.00 for each Stop-Payment request.

Signature

Date

In requesting Ballston Spa National Bank stop payment of this item, you the undersigned agree to hold the bank harmless for all expenses and costs incurred by you as a result of refusing payment. Ballston Spa National Bank will provide you with a copy of this Stop-Payment Order and in turn you agree to such service charges as may apply.

Your copy will serve as your notice and receipt of appropriate charges against your account. When issuing a check to replace the one that the Stop-Payment Order is issued on, you agree to a new date and number, and will not mark the check "duplicate."

Stop payment orders are automatically released at the expiration of SIX MONTHS from the date of the order, unless renewed by you in writing. An oral stop payment order is binding on Ballston Spa National Bank for FOURTEEN DAYS.

In order to assure that the Stop-Payment Order is placed and remains in effect after the initial fourteen days, you must return this form within TEN BUSINESS DAYS to the following address:

Ballston Spa National Bank
87 Front Street
P.O. Box 70
Ballston Spa, NY 12020

The following section to be filled in by bank representative:

You have requested that a stop payment be placed on your account. Your request was received on

Date: (month/day/year) _____ at (time) _____ by (BSNB representative receiving form)
_____ (Manual initials) _____.



Ballston Spa National Bank