

Ballston Spa National Bank Stop Payment Request

You have requested a stop payment be placed on your account. Your request was received on _____ at _____ PM by _____ in the Deposit Operations Department.

Stop Payment Information	
Account Title: _____	Account number _____ Check (or draft) number: _____
Reason for Stop Payment: _____	
Your Phone Number: _____	
Your account will be charged \$ <u>25.00</u> for this 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 services 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 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 12020-0070

Sincerely,

Deposit Operations

NOTICE:

If you wish to release the Stop-Payment Order described, above, please sign and date, below, and return this form to the Financial Institution so we may remove the Stop-Payment Order from our records.

The Stop-Payment Order Above hereof is released.	
Authorized Signature _____	Date _____
(Release should bear same authorized signature as stop order.)	