



HORIZON BANK

STOP PAYMENT

Drawn By: _____ Account Number: _____

Check Number: _____ Dated: _____ Amount: _____

Payable To: _____

Reason: _____ Fee: Yes ___ No ___

Check? ___ ACH? ___ Reissue? No ___ Yes ___ If yes, Check Number & Date _____

Daytime contact number: _____ Email address: _____

Account Name _____

Address: _____

I agree to hold the Bank harmless from and against any losses, claims or costs (including attorney's fees) incurred by (1) payment contrary to this order if such payment occurs otherwise than by a failure to exercise ordinary care, or (2) refusal to make payment of the stopped item. The Bank shall not be liable if as a result of payment of the item subject to this order, other items drawn by me are returned due to insufficient funds. I will notify the Bank promptly of the issuance of a check or item which is a duplicate of the check or item subject to this order, or upon the return of the original check. The Bank shall not be liable for payment of any item subject to a stop payment order upon the expiration or withdrawal of such order, and the Bank may, in its discretion, refuse to honor any such item pending my instructions. I may withdraw this order only in writing, or in person at the bank.

THIS REQUEST WILL AUTOMATICALLY EXPIRE AT THE END OF 14 DAYS, IF ORAL, OR SIX MONTHS IF WRITTEN, UNLESS THE BANK RECEIVES A WRITTEN RENEWAL ORDER.

AS THIS ORDER WILL BE PROCESSED BY COMPUTER, ALL INFORMATION MUST BE ACCURATE.

PLEASE SIGN AND RETURN TO THE BANK: X _____

STOP PAYMENT RELEASE: _____ **DATE:** _____

AUTHORIZED SIGNATURE: _____

Date received _____ Time _____ By _____

Posted on Meridian _____ Date _____ By _____