

The Piedmont Bank  
Check Only – Stop Payment Request

**In Person** - New Stop Payment Order for a check (check cannot be in presentment)

Cancel Existing Stop Order for a check

**By Phone/Verbal** \*\*All Telephone Requests will expire within fourteen (14) calendar days unless confirmed in writing within that time.

Customer Name \_\_\_\_\_

Customer Account Number \_\_\_\_\_

Name of Person / Company check is payable to \_\_\_\_\_

Exact Amount of check to be stopped \$ \_\_\_\_\_

Check Number \_\_\_\_\_

Date the check was dated \_\_\_\_\_

Is there a replacement check: Yes No If yes, what is NEW check number? \_\_\_\_\_ Amt? \_\_\_\_\_

If no, is the customer making a payment by telephone or ACH \_\_\_\_\_

**Notes:**

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

I understand this Stop Payment Order must be received in time to allow The Piedmont Bank a reasonable opportunity to act on it. I understand that a Stop Payment order cannot be placed on a check that is already in presentment. To be effective a Stop-Payment Order must identify the payment sufficiently to allow The Piedmont Bank a reasonable opportunity to act on it. I understand this Stop Payment Order will remain in effect for six months. In requesting The Piedmont Bank to stop payment of this item or any other, I agree to hold The Piedmont Bank harmless and indemnify it for all costs, expenses, or damages incurred or suffered by refusing payment of the above described debit.

Service Fee: \$32 Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bank Use Only:**

Customer ID verified in person: \_\_\_\_\_ If faxed, signature verified: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name & Signature

**Please send the original Stop Payment Request to Dot Cochran in Deposit Operations Department**