

# STOP PAYMENT REQUEST

**Complete form and mail to: Concordia Bank  
547 S Main St  
PO Box 909  
Concordia MO 64020-0909**

From: \_\_\_\_\_  
Customer name

\_\_\_\_\_  
Customer address

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Check Payable to

\_\_\_\_\_  
check number

\_\_\_\_\_  
check amount

\_\_\_\_\_  
date of check

Did you replace check? \_\_\_\_\_ if so, the replacement check no. \_\_\_\_\_  
Yes or No reason for stopping check

*This stop payment request is binding upon the Institution only if it accurately states the exact information requested above, and it is received by you in sufficient time to give you a reasonable opportunity to act upon it. If the request has been made within such time, and with such specificity, it will be effective for six (6) months from the day it is received, unless it is renewed in writing. I agree to pay Concordia Bank the stop payment request fee of \$20.00 and to indemnify and hold Concordia Bank harmless from all expenses and costs which it incurs due to its compliance with this request.*

\_\_\_\_\_  
Customer signature

\_\_\_\_\_  
Date

**Please Note** the \$20.00 Stop Payment Request Fee will be automatically deducted from your account at the time we receive your Stop Payment Request.

For Concordia Bank authorized use only:

Date & Time received \_\_\_\_\_

Request entered by \_\_\_\_\_