



301 W MAIN ST, PO BOX 98
SALEM, IL 62881
INSTITUTION ("We" or "Us")

STOP-PAYMENT REQUEST

REQUEST RECEIVED In Person By Phone
Date By Time M
Stop Payment Fee \$25.00 Account Number Other:
Duplicate Issued Yes No Number Date

IMPORTANT! Item Description: Because of the large volume of items we process, we do not visually inspect each item. We use a computer system. Therefore, every one of the item descriptions indicated by a "X" must be EXACT or our computer system will not be able to identify the item, making this stop-payment order ineffective.

Amount of Item \$ Exact to the penny Exact to the dollar
Number Dated Payable to
Account Name

You and we will abide by the rules and regulations (as established by the Uniform Commercial Code or other law) governing Stop-Payment Orders. To be effective, we must receive the Stop-Payment Order in time to give us a reasonable opportunity to act on it, and before our stop-payment cutoff time, if any. Oral Stop-Payment Orders (including by phone) are binding for 14 CALENDAR DAYS, unless you confirm the order in writing on the proper form within the 14-day period. Properly signed Stop-Payment Orders are effective for 6 months after the date received and will automatically expire after that period unless renewed in writing.

AUTHORIZED SIGNATURE ("You" or "Your") Time M Date

RELEASE OF STOP-PAYMENT ORDER

The Stop-Payment Order is released as of the date shown below.

AUTHORIZED SIGNATURE ("You" or "Your") Date
Same Authorized Signature as Appears on Stop-Payment

RECORD OF RECEIPT OF RELEASE OF STOP-PAYMENT ORDER

Release of the Stop-Payment Order received on
Date at Time M by means of
signature above receipt of signed release of Stop-Payment Order

Signature of Representative of Financial Institution