



532 COURT STREET  
PEKIN, IL 61554  
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 "  " 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.

\_\_\_\_\_ Time \_\_\_\_\_ M Date \_\_\_\_\_

**AUTHORIZED SIGNATURE ("You" or "Your")**

**RELEASE OF STOP-PAYMENT ORDER**

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

\_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZED SIGNATURE ("You" or "Your")**

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