

Check Stop Payment Request Form

Authorizes Kinderhook Bank to stop a check payment issued from your account as indicated.

1. Complete section 1 of this form
2. Read the authorization in section 2 and sign where indicated
3. Mail the completed and signed form to **Kinderhook Bank, 1 Hudson Street, Kinderhook, NY 12106, drop it off** at any one of our convenient branch locations or **fax it** to any one of our branches:

Kinderhook Branch Fax: 758-6963
Greenport Branch Fax: 828-4250
East Greenbush Fax: 477-7631
Latham Branch Fax: 213-8046

Chatham Branch Fax: 392-8085
Valatie Branch Fax: 758-2205
Albany Branch Fax: 512-5698
Delmar Branch Fax: 472-0344

1. Stop Payment Information	
Name of Account Owner (please print)	Account Number
Check Number or Range:	
Date of Check:	Amount of Check: \$
Payable to (Payee):	
Reason for the Stop Payment: Please tell us briefly why this stop payment is necessary:	

2. Your Signature
<p>Item Description: I hereby order you to stop payment on the check described above. I warrant that the information describing the check, including the check, its exact amount, the check number and payee, is correct. I understand that the EXACT amount of the check is necessary for your computer to stop payment. If I give you the incorrect amount or any other incorrect information, you will not be responsible for failing to stop payment on the check.</p> <p>Agreement: I agree that unless my stop payment order is received by you within a reasonable time for you to act on my order prior to final payment of the check by you, you will not be responsible for stopping payment. I agree that I may not stop payment on any VISA® Check Card point-of-sale ACH/EFT transactions; any cashier's check, certified check, money order or any other official institution check I have purchased from you; or any check which you have guaranteed. I understand that my stop payment request is conditional and subject to your verification that the check has not already been paid or that some other action to pay the check has not been taken by you.</p> <p>Duration: A stop payment order against a check is effective only against the check that is described above. A stop payment order will lapse automatically after fourteen (14) calendar days if the order was oral and has not been confirmed by me in writing to you during that period. A written stop payment order is effective for six (6) months only and will expire automatically at that time unless I have specifically renewed it in writing prior to expiration.</p> <p>Fees: I agree to pay a charge of \$35.00 for this stop payment order. Unless otherwise agreed, you are authorized to charge this fee to the account indicated above.</p> <p>Indemnification: I agree to indemnify, defend and hold your harmless against all costs, including attorney's fees, actions, damages or claims related to or arising from your action in refusing payment of the check including claims of any joint depositor, payee or Endorsee or in failing to stop payment of a check as a result of incorrect information provided by me. I also agree to notify you promptly upon the issuance of any duplicate check which replaced the check subject to this order or upon return of the original check.</p> <p>This form must have your signature to be processed.</p> <p>_____ Signature</p> <p>_____ Date</p>

For Bank Use Only

Date Received: _____ CSR: _____

Stop Payment Input by: _____ Date: _____