



RELEASE OF STOP PAYMENT ORDER

Account Holder _____

Account Number _____

I hereby instruct First State Bank of St. Charles, MO, hereinafter called "First State Bank," to release the stop payment order referenced below. I authorize First State Bank to pay the check or ACH transaction(s) when presented for payment.

Stop Payment for Check Check Number _____ Issue Date ____/____/____
Transaction Amount \$ _____ Payable To _____
Date Stop Payment Was Placed ____/____/____

Stop ACH Payment(s) Transaction Amount \$ _____
Company Name _____ Company ID _____
Date Stop Payment Was Placed ____/____/____

By directing First State Bank to release the stop payment order on the above transaction(s), the account holder agrees to hold First State Bank harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the bank may suffer or incur through payment of the above transaction(s).

The account holder understands that the stop payment release request must be received at least three (3) business days before a scheduled debit(s) or in time to give First State Bank reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in non-payment of the above item(s). The account holder agrees to hold harmless and indemnify First State Bank for all expenses, costs, and damages incurred as a result of non-payment of the above item(s) if the non-payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly.

I further state that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Date

Account Holder Signature

Phone Number

For Financial Institution Use Only

Verbal Stop Payment Release Accepted on ____/____/____ by _____ at ____:____ CST

Signed Stop Payment Release Accepted on ____/____/____ by _____ at ____:____ CST

Please deliver this completed form to us in any of the following ways:

- Mail to 206 North Fifth Street, St. Charles, MO 63301
- Fax to 636-940-5566
- Drop off at any of our locations

(636) 940-5555 ♦ FSBfinancial.com