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Dear Sir or Madam:

Please stop payment on the following check drawn on my account at _____, account number _____.

Check number: _____
Payable to: _____
Amount: $_____
Signed by: _____

This stop payment is being requested because the check is presumed lost and is being replaced.

I agree to pay your standard charge for this service. Please deduct the service charge from my account.

I agree that _____ will not be liable if the information regarding the account number, amount, check number, or payee, as provided above, is incorrect.

I further agree to grant _____ a reasonable time in which to act upon receipt of this stop payment order. For the purpose of this letter, reasonable time is the next business day after the stop payment order is received. If this check is paid on the banking day this order is received, the payment shall not constitute lack of good faith or failure to exercise ordinary care.

If you have any questions or need additional information, feel free to contact me by phone at _____.

Sincerely,

_____

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