

STOP-PAYMENTORDER

I. STOP-PAYMENTREQUEST

Financial Institution Severn Savings Bank, FSB Received By _____

Request Received In Person By Phone _____ Date Received _____ Time _____ M

Item Number	Item Dated	Item Payable To	Item Amount
Other Info. Drawer	Replacement Item Issued <input type="checkbox"/> Yes <input type="checkbox"/> No		Number Date
Account Number		Fee	
0			

Account Name [_____] This Financial Institution and the undersigned agree to abide by the rules and regulations (as outlined in the Uniform Commercial Code) governing Stop-Payment Orders. Oral Stop-Payment Orders (including by phone) are binding for 14 CALENDAR DAYS ONLY, unless the Account Owner confirms the order by signing the proper form within the 14 day period. Properly signed Stop-Payment Orders are effective for 6 months after date received and will automatically expire after that period unless renewed in writing.

To be effective, the stop-payment request must be received in time to give us a reasonable chance to act on it. _____ NAME OF INITIATOR OF REQUEST
 X _____ AUTHORIZED SIGNATURE DATE TIME M.

II. RELEASE OF STOP-PAYMENTORDER

RELEASE OF STOP-PAYMENTORDER

The above Stop-Payment Order is released as of the date shown below.
 _____ Date _____
 Same Authorized Signer as Appears on Stop Payment

RECORD OF RECEIPT OF RELEASE OF STOP-PAYMENTORDER

Release of the above Stop-Payment Order received on _____ at _____ M.

 Signature of Representative of Financial Institution

III. FINANCIAL INSTITUTION USE

Tellers must verify receipt of the information described in Section I. Place your initials in the proper box and then forward this form to the next teller. When all tellers have been informed return this copy to the head teller.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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Notify Tellers that the above Stop-Payment Order has been released by following the same procedure described above. _____
 Signature of Representative of Financial Institution