



Official Check Stop Payment Request and Indemnity Agreement

Date _____

Check Number _____ Date Issued: _____

Check Amount (exact dollars and cents): _____

Reason for stop payment: Lost Stolen Damaged / Destroyed

Check issued by:

- Withdrawal from account: _____
- Interest check from account: _____
- Periodic retirement check from account: _____
- Other: _____

Name of Purchaser

Payable to

Stop Payment Request and Indemnification Agreement

I declare that the above check has been lost, stolen or mutilated. I therefore, authorize CIT Bank, N.A. ("CIT Bank") to stop payment on the check and understand that CIT Bank accepts my request for my accommodation only. I hereby release CIT Bank from all claims, actions, and demands of any kind in the event that payment of said check is not stopped for any reason whatsoever. I authorize CIT Bank to withdraw the request to stop payment should CIT Bank determine that the check is in the hands of a holder in due course, entitled to payment. I also agree to indemnify CIT Bank against all claims, demands, actions, judgments, loss, or damages, including attorney's fees and court costs, suffered or incurred by CIT Bank as a result of my request that payment of the above check be stopped. I further agree that you may withhold from my account such amounts as you, in your discretion, may deem necessary to assure performance of this indemnity agreement.

Purchaser Signature

Date

Acknowledgment / Indemnification by Payee / Holder in Due Course

Holder in Due Course – Since the above check was made payable to you or endorsed over to you, CIT Bank requests that you acknowledge as true the statement below in order for us to reissue the check to the purchaser. We may also require that your signature on this document be witnessed and notarized.

I/We have never received the above check. I/We acknowledge that a stop payment has been placed on this check.

In the event that I/we should subsequently receive and negotiate said check, I/we herein agree to indemnify CIT Bank against all claims, actions, judgments, loss, or damages, including attorney's fees and court costs, as a result taken by a subsequent holder in due course.

Payee / Holder in Due Course Signature

Date

Payee / Holder in Due Course Signature

Date

Revocation

This Official Check Stop Payment Request is hereby revoked:

Customer / Joint Owner Signature

Date

Bank Use Only

Accepted by: _____ Approved by: _____ Bank Operations contact: _____

Confirmation Number: _____ Date replacement check issued: _____ Check number: _____

Payee / Holder In Due Course waiver approved by: _____

Other action: _____

Operations Use Only

Stop payment placed by: _____ Date: _____

Audited by: _____ Branch contact: _____

Date funds reclassified: _____ Verified by: _____

CONTACT 2400 LINE TO PLACE STOP PAYMENT