

# STOP PAYMENT REQUEST

Use this form to stop payment on a check or series of checks you have written.



**Directions**

1. Fill out the following authorization completely and fax it to us. Unsigned requests cannot be processed. Requests received by 3:00 p.m. Monday-Friday will be completed the same business day.
2. To confirm that your stop payment has been placed, you can check MetroWeb or contact our office.
3. If you have any questions, please contact our Accounting Department.

Name \_\_\_\_\_ Metro Account Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone (IMPORTANT) \_\_\_\_\_

Check Number(s) or Series for Stop Payment \_\_\_\_\_

**NOTE: There will be a \$25 fee for each individual check or series of checks on which a stop payment is placed.**

You and we will abide by the rules and regulations (as established by the Uniform Commercial Code or other law) governing Stop Payment Orders. To be effective, we must receive the Stop Payment Order in time to give us a reasonable opportunity to act on it, and before our stop payment cutoff time, if any. Properly signed Stop Payment Orders are effective for one (1) year after the date accepted and will automatically expire after that period unless renewed in writing.

Signature \_\_\_\_\_

Date \_\_\_\_\_