



Stop Payment Request

Date:

Account Number:

Name:

Phone:

Address:

Please refuse to pay:

Draft #:

Amount: \$

Dated:

Payable to:

Reason for Request:

I agree to hold MountainOne Bank harmless for all expenses, costs, and loss incurred by the Bank on account of refusing payment of said draft, and agree not to hold the Bank liable on account of payment contrary to this request if same occurs through inadvertence, accident, or oversight. And, it is understood that this order will automatically expire at such time as established by banking regulations, unless renewed in writing.

Signed: _____

Please print and return this completed form to your local bank office, or mail it to:

**MountainOne Bank
93 Main Street
North Adams, MA 01247**

This section for internal use only

Received by: _____

Date Received: _____

Time Received: _____

How Received: _____