

## Official Check Stop Payment Request and Indemnity Agreement

Today's Date: \_\_\_\_\_ Check Number \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Branch Name: \_\_\_\_\_ Check Amount (exact dollars and cents): \_\_\_\_\_  
 Branch Number: \_\_\_\_\_ Reason for stop payment:  Lost  Stolen  Damaged / Destroyed

**Check issued by:**

Withdrawal from account: \_\_\_\_\_ (XXX0000038)  
 Interest check from account: \_\_\_\_\_ (XXX0000047)  
 Periodic retirement check from account: \_\_\_\_\_ (XXX0000047)  
 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 OneWest Bank, a division of CIT Bank, N.A. ("OneWest Bank") to stop payment on the check and understand that OneWest Bank accepts my request for my accommodation only. I hereby release OneWest 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 OneWest Bank to withdraw the request to stop payment should OneWest Bank determine that the check is in the hands of a holder in due course, entitled to payment. I also agree to indemnify OneWest Bank against all claims, demands, actions, judgments, loss, or damages, including attorney's fees and court costs, suffered or incurred by OneWest 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, OneWest 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 OneWest 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

**Branch 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 (Regional Manager): \_\_\_\_\_  
 Other action: \_\_\_\_\_

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**Bank Operations Use Only**

Stop payment placed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Audited by: \_\_\_\_\_ Branch contact: \_\_\_\_\_  
 Date funds reclassified: \_\_\_\_\_ Verified by: \_\_\_\_\_