

# CHECK STOP PAYMENT REQUEST FORM



## Section A: Payment Information

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Starting Check Number: \_\_\_\_\_ Ending Check Number: \_\_\_\_\_

Date of Original Check: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Reason for Stop Payment: \_\_\_\_\_

Per this request, Ameriprise Bank, FSB will place a stop payment on the instrument described above. If any information is later found to be incorrect, please notify us immediately. Unless you renew this stop payment, it will expire six months from the date it was first placed. Should Ameriprise Bank, FSB pay the instrument contrary to this order, you will have the burden to establish that fact and the amount of your loss.

You understand that Ameriprise Bank, FSB is not lawfully required to honor this stop payment order on the above listed item if this order has not been received within a reasonable time to enable Ameriprise Bank, FSB to refuse to accept, pay, post, settle or process the item or to otherwise not become accountable for the item.

You agree to defend, indemnify and hold Ameriprise Bank, FSB harmless for the amount of the instrument and from all claims, damages, costs and attorney's fees incurred by Ameriprise Bank, FSB pursuant to Ameriprise Bank, FSB's refusal to pay the above-described instrument. Ameriprise Bank, FSB will in no way be responsible or liable for payment of the instrument unless it occurs through Ameriprise Bank, FSB's lack of good faith or failure to exercise ordinary care.

I verify I am an authorized signer on this account, the above information is correct, and I understand a stop payment fee may be charged per the account agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please call us at (888) 356-1006 if you have any questions.

Retain a copy of this request for your records.

**Submit request via fax or mail to the following:**

Fax: 1 (888) 871-0327

Mail: Ameriprise Bank, FSB, 834 Ameriprise Financial Center, Minneapolis, MN 55474