



Ameriprise Bank, FSB 70915 Ameriprise Financial Center Minneapolis, MN 55402

Ameriprise Bank, FSB Check Stop Payment



Account Number

- Please use this form to request a stop payment on a check written on an Ameriprise Bank, FSB deposit account for up to six months.
- A stop request can be requested by calling Ameriprise Bank Customer Service Center at 800.862.7919.
- Once a stop payment is placed, it may take up to 24 hours for it to take effect on the system. Although every effort will be made to enforce the stop payment, we cannot guarantee the payment will be stopped. Under the law, a stop payment does not cancel the validity of a check. As such, this is a courtesy and is not legally binding. A fee of \$25.00 per check, or range of checks may be assessed on stop payments, please refer to the Ameriprise Bank, FSB Deposit Accounts Consumer Pricing Disclosure for further details on fees.
- A check stop payment is effective for six months but it lapses after 14 calendar days if the original order was oral and was not confirmed in writing within that period. To place a check, stop payment longer than six months, you must complete a new stop payment request before the initial stop payment request expires.
- Mail this completed form to:
Ameriprise Bank, FSB
70915 Ameriprise Financial Center
Minneapolis, MN 55402
- Or you may fax this form to: 1.866.432.9267

Client and Account Information

Client First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID	<input type="text" value="001"/>	
Additional Client First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID	<input type="text" value="001"/>	

Request Details

Stop Reason

Lost in Mail
 Disputed Payment
 Cancelled
 Other

Are you requesting stop payment on more than one check?

Yes
 No

Starting Check Number Ending Check Number Check Number

Amount

\$

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Acknowledgments and Indemnification

- 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 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 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.

Required Signatures

Client First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Client Signature			Date (MMDDYYYY)
X	<hr/>		<input type="text"/>
Additional Client First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Additional Client Signature			Date (MMDDYYYY)
X	<hr/>		<input type="text"/>