

CLIENT NAME _____

DATE _____

CHECK INFORMATION

Issued To _____

Check Date _____

Check Amount \$ _____

Check # _____

REASON FOR STOP PAYMENT REQUEST

STOP PAYMENT AUTHORIZATION AND APPROVAL

I authorize Fortune Business Solutions to issue a Stop Payment Request on the above listed check. I accept full financial responsibility for all Stop Payment Fees and any other service fees imposed by the Financial Institution in carrying out this Stop Payment Request.

I understand a replacement check will not be issued until Fortune Business Solutions receives "stop payment" confirmation from its Financial Institution. Fortune Business Solutions agrees to issue a replacement check prior to this confirmation upon approval and agreement that the Client Company will reimburse the amount of the replacement check to Fortune Business Solutions should the original check be paid by the Financial Institution.

This authority is to remain in effect until Fortune Business Solutions receives written notification from me of its termination in such time and in such manner as to afford Fortune Business Solutions and the Financial Institution a reasonable opportunity to act accordingly.

I authorize the immediate issue of a replacement check. **Yes** **No**

CLIENT SIGNATURE _____

DATE _____