



Farmers National Bank

Member FDIC - Equal Housing Lender

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Stop Payment Form - Check

First Name:		Last Name:	
Contact Information			
Phone Number:		Email Address:	
_____		_____	
Mailing Address (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
_____	_____	_____	_____
We will not update our records with this information. If this information needs updated, please submit an "address/contact change form".			
Contact Preference			
If we have questions about this form, how would you like us to contact you? (required)	<input type="radio"/> Telephone		
	<input type="radio"/> Regular Mail		
	<input type="radio"/> E-Mail		
Stop Payment Information			
Checking Account Number:	_____		
List Check Number:	_____		
Amount of Check:	_____		
Payee:	_____		
Date of Check:	_____		
Reason for Stop Payment:	_____		
<p><i>Stop payments may only be placed on one check at a time. A \$37.00 fee per stop payment will be assessed to the account.</i></p> <p>If any of the above information is not accurate, this request may not stop the payment of the check. The Bank will not be held liable for this error.</p> <p>This stop payment will only be valid for 183 days.</p>			