

Online Authorization for Stop-Payment

The Account Holder and Busey Bank, here forward known as "The Bank," will abide by the rules and regulations (as established by the Uniform Commercial Code or other law) governing Stop-Payment Orders. To be effective, The Bank must receive the Stop-Payment Order in time to give us a reasonable opportunity to act on it, and before our stop-payment cut-off time. In requesting The Bank to stop payment on this item, the Account Holder agrees to hold The Bank harmless for all expenses and costs incurred by The Bank on account of refusing payment thereof, and further agrees not to hold The Bank liable on account of payment contrary to this request if same occurs through inadvertence, accident or oversight or if by reason of such payment other items drawn by the undersigned are returned for insufficient funds. The Account Holder agrees to notify The Bank promptly of the issuance of a duplicate check or the return of the original check. The Account Holder hereby certifies that the information provided herein is correct. The undersigned agrees that, if not previously revoked, this request will automatically expire at the end of six months from the date hereof unless a renewal order in writing is served at The Bank.

This form is to be used for a check written by you. If you wish to dispute a debit card purchase or an automatic debit originated by a company you must contact The Bank directly for instruction.

Account Holder: _____
Account Number: _____
Check Number: _____
Check Amount: _____
Issue Date: _____
Payable To: _____
Authorized
Signature: _____
Date: _____

Release of Stop-Payment

Please release the stop-payment in referenced above effective upon receipt.
I do not wish for it to remain active for the six month duration originally requested.

Customer Signature

Date

Print and mail to:

Busey
Deposit Operation
PO Box 17430
Urbana, IL 61803-7430