

CHECK STOP PAYMENT RELEASE FORM



Section A: Payment Information

Customer Name: _____

Account Number: _____

Starting Check Number: _____ Ending Check Number: _____

Date of Original Check: _____

Amount: \$ _____

Payee Name: _____

Reason for Release of Stop Payment: _____

Section B: Signatures

I verify I am the authorized signer on this account who requested the original stop payment, the above information is correct, and I hereby release the stop payment order described above and agree to defend, indemnify and to hold Ameriprise Bank, FSB harmless for the amount of the payment, and from all claims, damages, costs and attorney's fees incurred by Ameriprise Bank, FSB on account of Ameriprise Bank, FSB's payment of said instrument, and further agree that Ameriprise Bank, FSB will in no way be responsible or liable for payment of the instrument referred to above.

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