

STOP PAYMENT ORDER

STORE NAME (AGENT)	DATE	AGENT ID NUMBER
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I do hereby authorize MEMO Financial Services, Inc. as a duly appointed agent for MEMO Financial Services to execute a **stop payment order** on my behalf on the following documents.

FROM _____ TO _____
FROM _____ TO _____

I understand that as a result of this stop payment order the designated documents listed herein will be returned unpaid by MEMO Financial Services if they should be negotiated; and that **I must definitely inform** the MEMO Financial Services office if discovery or subsequent delivery of these series numbers occurs after execution of this order. I further agree to indemnify and hold MEMO Financial Services harmless against any and all payments, loss, damage, expense and/or liability suffered or incurred by MEMO Financial Services by reason of my stop payment authorization.

This **Stop Payment Order** has been requested and executed for the following reason: (Please check the appropriate statement.)

___ These document series numbers are missing from my premises and I cannot account for them.

___ These document series numbers were stolen from my premises – **immediate notification** is being given to MEMO Financial Services.

___ Local authorities have been notified that these documents are missing.

MEMO Financial Services, Inc. STOP PAYMENT REQUEST FORM

AGENT'S SIGNATURE: _____

M0017 3/5/2015

Please fax this form to 1-800-715-3590 once you have spoken with a Customer Service Representative.