

**STOP PAYMENT OF CHECK
LETTER OF INDEMNITY**

To
STATE BANK OF INDIA
Personal Banking Department
19 S La Salle Street, Suite 200, Chicago IL 60603

Dear Sir/Madam

I/We refer to my/our message/letter dated _____ requesting you to stop payment of a personal check as per the following details :

Account Number	
Type of Check	Personal Check
Check Number	
Amount	
Check Date	
Payee	
Reason for Stop Payment	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Dispute <input type="checkbox"/> Other (specify) _____

I/We confirm that the reasons stated herein are valid and particulars set forth are also correct.

I/We am/are also aware that my stop payment request would be ineffective if complete and correct particulars are not furnished by me/us to the Bank.

I/We understand that the Bank is obligated to carry out our instructions only when such a request is delivered to the Bank with reasonable opportunity for the Bank to act on it.

I/We agree to indemnify and hold the Bank harmless for the said amount and all expenses, costs and damages incurred by you arising from your compliance with this stop payment request unless the Bank has failed to exercise ordinary care.

I/We am/are also aware that Oral/E-mail/Fax communication is binding upon the Bank only 14 calender days unless confirmed in writing within that period and written order is valid for 6 months from the day hereof unless renewed in writing

Please Debit my account for Stop payment charges.

Date : _____

Authorized Signature

For Office Use					
Received By	Date	Time	Received From	Entered	
				Assistant	Supervisor