

## Official Check Stop Payment Request and Indemnity Agreement

Today's Date:	Check Number		Date Issued:	
Branch Name:	Check Amount (exact dollar	Check Amount (exact dollars and cents):		
Branch Number:	Reason for stop payment:	Lost	Stolen	Damaged / Destroyed
Check issued by:				
Withdrawal from account:		(XXX0000038)		
Interest check from account:			(XXX000004	7)
Periodic retirement check from account:		_ (XXX0000047)		
Other:				
Name of Purchaser	Payable	to		
Stop Payment Request and Indemnification Agr	reement			
payment on the check and understand that OneWest Bank actions, and demands of any kind in the event that paymen request to stop payment should OneWest Bank determine to OneWest Bank against all claims, demands, actions, judgme as a result of my request that payment of the above check discretion, may deem necessary to assure performance of the	nt of said check is not stopped for any that the check is in the hands of a hole ents, loss, or damages, including attorn k be stopped. I further agree that you	reason whatsoe der in due cours ey's fess and co	ever. I authorize e, entitled to pay ourt costs, suffere	OneWest Bank to withdraw the ment. I also agree to indemnify of or incurred by OneWest Bank
Purchaser Signature		Date		
Acknowledgment / Indemnification by Payee / H	lolder in Due Course			
Holder in Due Course – Since the above check was made statement below in order for us to reissue the check to the pu				
I/We have never received the above check. I/We acknowledge		•	no dodamont bo	Without and Hotalizou.
In the event that I/we should subsequently receive and negoloss, or damages, including attorney's fees and court costs, a				et all claims, actions, judgments,
Payee / Holder in Due Course Signature	Date Payee / Hol	Payee / Holder in Due Course		Date
Revocation				
This Official Check Stop Payment Request is hereby revo	oked:			
Customer / Joint Owner Signature			Date	
	Branch Use Only			
Accepted by: Approve	ed by:	Bank Op	perations contact	:
Confirmation Number: Da	ate replacement check issued:		Check nu	ımber:
Payee / Holder In Due Course waiver approved by (Regional	Manager):			
Other action:				
	Bank Operations Use Only			
Stop payment placed by:	Date:			
Audited by:	Branch contact	:		
Date funds reclassified:	Verified by:			