

**CATSKILL HUDSON BANK  
STOP PAYMENT AUTHORIZATION FORM**

**05/2022**

Complete this authorization to extend the stop payment you placed via telephone banking (ITalk) or Online Banking, to six (6) months.

<b>NAME</b>	
<b>ACCOUNT #</b>	
<b>CHECK DATE</b>	
<b>CHECK #</b>	
<b>AMOUNT</b>	
<b>PAYEE</b>	
<b>REASON FOR STOP</b>	

**CUSTOMER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**RETURN THIS FORM TO:**  
CATSKILL HUDSON BANK  
643 ROUTE 211 EAST  
MIDDLETOWN, NY 10941  
ATTN: DEPOSIT OPERATIONS

**OR FAX TO 845-794-4015**

**THIS FORM MUST BE RECEIVED BY THE BANK'S DEPOSIT OPERATIONS DEPARTMENT WITHIN 14 DAYS FROM THE DAY YOU ENTERED THE STOP PAYMENT VIA PHONE OR ONLINE BANKING, OTHERWISE THE STOP PAYMENT WILL NOT BE VALID.**

*OPS USE ONLY*

---

**REVIEWED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_