



EASTERN CARIBBEAN AMALGAMATED BANK

Stop Payment Order

Date: _____ Cheque No. _____ Payee _____ Amt _____

WE AGREE TO HOLD YOU HARMLESS FOR THE ABOVE MENTIONED AMOUNT AT YOUR SIGNED REQUEST.

Signature _____

Received by _____ Checked by _____ Time: _____

Cancellation Stop Payment Order

Date: _____

Kindly cancel stop payment order on account _____ Eastern Caribbean Amalgamated Bank

_____ by order of self. _____ Branch

Signature _____

Received by _____ Checked by _____ Time: _____