

**CATSKILL HUDSON BANK
STOP PAYMENT AUTHORIZATION FORM**

07/2022

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

NAME	
ACCOUNT #	
CHECK DATE	
CHECK #	
AMOUNT	
PAYEE	
REASON FOR STOP	

CUSTOMER SIGNATURE: _____

DATE: ____/____/____

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

OR FAX TO 845-673-1133

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: ____/____/____